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Florida Department of State
Division of Corporations
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To: Division of Corporations
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From: Account Name : CORP USA
Account Number : 072450003255
Phone : (305)634-3694
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION
PRESTIGE DOG SPA INC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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Corporate Filing Menu

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TALLAHASSEE, FLORIDA

69554

1/22/14
1/21/2014

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(X)

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: **PRESTIGE DOG SPA INC**

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee
☐ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: **JORGE A LOPEZ-ACCOUNTANT**

Name (Printed or typed)

1301 SW 88 STREET STE 200A

Address

MIAMI FL 33186

City, State & Zip

305-388-8406

Daytime Telephone number

ACCOUNTINGFINANCIAL@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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14 JAN 21 PM 2:43

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14 JAN 21 PM 2:43

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME
The name of the corporation shall be: PRESTIGE DOG SPA INC

ARTICLE II PRINCIPAL OFFICE
Principal street address

6220 SW 47 COURT UNIT 6
SUITE 204
FORT LAUDERDALE FL 33314

Mailing address, if different is:

6220 SW 47 COURT UNIT 6
SUITE 204
FORT LAUDERDALE FL 33314

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: TO ENGAGE IN ANY LAWFUL ACTIVITY PERMITTED BY
THE LAWS OF THIS STATE.

ARTICLE IV SHARES 100 SHARES WITH A PAR VALUE OF \$1.00 PER SHARE.
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>MONICA SANCHEZ-PRESIDENT</u>	Name and Title:	_____
Address	<u>6220 SW 47 COURT UNIT 6</u>	Address:	_____
	<u>SUITE 204</u>		_____
	<u>FORT LAUDERDALE FL 33314</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MONICA SANCHEZ
Address: 6220 SW 47 COURT UNIT 6 SUITE 204
FORT LAUDERDALE FL 33314

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MONICA SANCHEZ
Address: 6220 SW 47 COURT UNIT 6 SUITE 204
FORT LAUDERDALE FL 33314

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

x Monica Sanchez
Required Signature/Registered Agent

01/21/14
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

x Monica Sanchez
Required Signature/Incorporator

01/21/14
Date

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