

P14000015479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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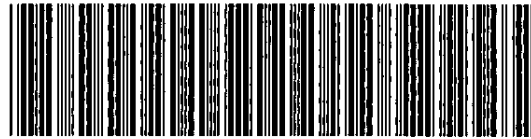
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2014 FEB 18 AM 2:57

1/4

COVER LETTER

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

SUBJECT: FURRIER FRIENDS, 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: ALLEN BLASE
Name (Printed or typed)

3459 SE LAIS STREET
Address

STUART, FL 34994
City, State & Zip

954-593-6738
Daytime Telephone number

al_blae@hotmail.com
E-mail address: (to be used for future annual report notification)

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

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: FURRIER FRIENDS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

895 NE 39TH STREET
OAKLAND PARK FL

Mailing address, if different is:

FURRIER FRIENDS INC
3459 SE IDIS STREET
STUART, FL 34994

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HEATHER SALINAS / P/D Name and Title: _____

Address: 895 NE 39TH STREET Address: _____
OAKLAND PARK FL 33334

Name and Title: NICANOR SALINAS / D/ Name and Title: _____

Address: 895 NE 39TH STREET Address: _____
OAKLAND PARK FL 33334

Name and Title: ALLEN BUSE / D/ Name and Title: _____

Address: 1950 SE PAST CITY ROAD Address: _____
UNIT 14-106
STUART FL 34994

SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
2014 FEB 18 AM 2:57

(conti.)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

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

2014 FEB 10 AM 2:57

ARTICLE VI REGISTERED AGENT

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

Name: RITA HAMMERLY BUSE
Address: 3459 SE IRIS STREET
STUART, FL 34997

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ALLEN BUSE
Address: 3459 SE IRIS STREET
STUART, FL 34997

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

Rita Buse 2-1-14
Required Signature/Registered Agent 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.

Allen Buse 2-1-14
Required Signature/Incorporator Date