

P14000026907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

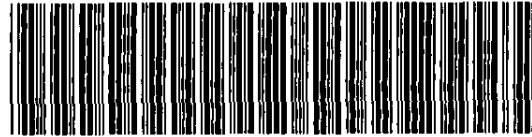
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Certificates of Status ☒

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14 MAR 24 PM 12:50  
DIVISION OF CORPORATIONS  
SECRETARY OF STATE

*[Handwritten signature]*

**COVER LETTER**

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

**SUBJECT: Glamour Paws of Florida, 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: John G. Schmidt**

Name (Printed or typed)

**20232 Foxworth Circle**

Address

**Esterro, FL 33928**

City, State & Zip

**(612) 730-7398**

Daytime Telephone number

**jschmidt163@yahoo.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: Glamour Paws of Florida, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

6900 DANIELS PKWY #22

FORT MYERS, FL 33912

Mailing address, if different is:

20232 Foxworth Circle

Estero, FL 33928

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Pet grooming, pet day care,  
pet boarding, and retail pet store

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: John G. Schmidt, President

Address: 20232 Foxworth Circle  
Estero, FL 33928

Name and Title: Sonia S. Schmidt, Secretary

Address: 20232 Foxworth Circle  
Estero, FL 33928

Name and Title: Kayla Draper, Manager

Address: 23640 Walden Center Dr. #105  
Bonita Springs, FL 34134

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

SECRETARY OF STATE  
DIVISION OF CORPORATE & FINANCIAL SERVICES  
14 MAR 29 PM 12:50

(conti.)

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: John G. Schmidt  
Address: 20232 Foxworth Circle  
Estero, FL 33928

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: John G. Schmidt  
Address: 20232 Foxworth Circle  
Estero, FL 33928

*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*

\_\_\_\_\_  
Required Signature/Registered Agent  
03/21/2014  
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.*

\_\_\_\_\_  
Required Signature/Incorporator  
03/21/2014  
Date