

COVER LETTER

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

SUBJECT: "ALL SOAPED UP" PET GROOMING AND BOUTIQUE, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

FROM: ROSALIE MONTE
Name (Printed or typed)
5175 ATLANTIC AVENUE -SUITE "E"
Address
DELRAY BEACH, FL 33484
City, State & Zip
561-667-8952
Daytime Telephone number
butterby725@aol.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: "ALL SOAPED UP" PET GROOMING AND BOUTIQUE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5175 ATLANTIC AVE
SUITE "E"
DELRAY BEACH, FL. 33484

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PET GROOMING AND PET RETAIL

ARTICLE IV SHARES 100

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROSALIE MONTE, OWNER/OPERATOR

Name and Title:

Address

5175 ATLANTIC AVE
DELRAY BEACH, FL. 33484
SUITE "E"

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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14 MAR 28 AM 6:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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: ROSALIE MONTE

Address: 5175 ATLANTIC AVE/ SUITE "E"

DELRAY BEACH, FL. 33484

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ROSALIE MONTE

Address: 5175 ATLANTIC AVE/SUITE "E"

DELRAY BEACH, FL. 33484

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

Rosalie Monte
Required Signature/Registered Agent

2/22/14
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.

Rosalie Monte
Required Signature/Incorporator

2/22/14
Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA