

P14000036573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP☐ WAIT☐ MAIL

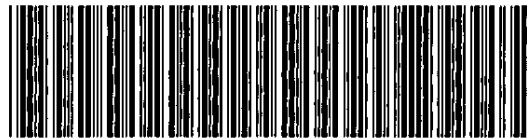
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2014 APR 23 PM 2:34

14

## COVER LETTER

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

**SUBJECT:** Happy Tails Pet Care of the Treasure Coast 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: Elizabeth Susanne Register  
Name (Printed or typed)  
5418 Nw Bolin Street  
Address  
Port Saint Lucie, Florida 34986  
City, State & Zip  
772-418-5976  
Daytime Telephone number  
bethsregister@gmail.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:

Happy Tails Pet Care of the Treasure Coast Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

5418 Nw Bolin Steet

Port Saint Lucie, Fl 34986

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To provide the service of Pet Sitting and walking

needs to the local community to help ensure animals are taken care of properly when their owners are away.

**ARTICLE IV SHARES 1000**

The number of shares of stock is:

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

Name and Title: Elizabeth Register Owner

Address 5418 Nw Bolin Street

Port Saint Lucie, Fl 34986

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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2014 APR 23 PM 2:34

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

Address: \_\_\_\_\_ Address: 2014 APR 23 PM 2:34

**ARTICLE VI REGISTERED AGENT**

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

Name: Elizabeth Register  
Address: 5418 Nw Bolin Street  
Port Saint Lucie, FL 34986

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Elizabeth Register  
Address: 5418 Nw Bolin Street  
Port Saint Lucie, FL 34986

*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*

Elizabeth Register

Required Signature/Registered Agent

4/21/14

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.*

Elizabeth Register

Required Signature/Incorporator

4/21/14

Date