

P14000036573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

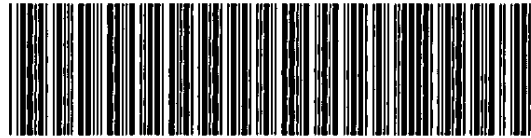
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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

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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 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: 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 Happy Tails Pet Care of the Treasure Coast Inc.
The name of the corporation shall be: _____

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ARTICLE II PRINCIPAL OFFICE
Principal street address
5418 Nw Bolin Steet

Mailing address, if different is: _____

Port Saint Lucie, Fl 34986

ARTICLE III PURPOSE To provide the service of Pet Sitting and walking
The purpose for which the corporation is organized is: _____
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	Name and Title:	_____
Address	5418 Nw Bolin Street	Address:	_____
	Port Saint Lucie, Fl 34986		_____

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

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

Name and Title: _____

Name and Title: _____

Address _____

Address: 2014 APR 23 PM 2:34

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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