

P14000055503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

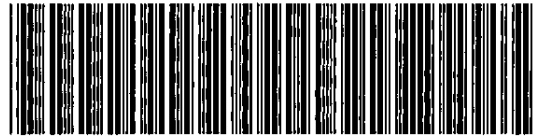
(Business Entity Name)

(Document Number)

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

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14 JUN 25 AM 10:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*h* 06/26/14

## COVER LETTER

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

SUBJECT: Pet Groomalicious 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: Mary Halay

Name (Printed or typed)

8245 SE Wren Ave

Address

Hobe Sound, Florida 33455

City, State & Zip

(561) 598-4863

Daytime Telephone number

mary@petgroomalicious.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: Pet Groomalicious Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

8245 SE Wren Ave  
Hobe Sound, Florida 33455

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to engage in pet grooming or any  
other business or any other act or activities for which  
corporations may be organized under the General Statutes  
of Florida.

**ARTICLE IV SHARES** 300

The number of shares of stock is: \_\_\_\_\_

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

Name and Title: President: Mary E. Halay

Address: 8245 SE Wren Ave  
Hobe Sound, FL 33455

Name and Title: Secretary: Mary Halay

Address: 8245 SE Wren Ave  
Hobe Sound, FL 33455

Name and Title: Treasurer: Mary Halay

Address: 8245 SE Wren Ave  
Hobe Sound, FL 33455

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

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

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

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

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

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

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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: Mary Halay  
Address: 8245 SE Wren Ave  
Hobe Sound, FL 33455

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Mary Halay  
Address: 8245 SE Wren Ave  
Hobe Sound, FL 33455

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*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*

Mary 3. Halay  
Required Signature/Registered Agent

June 20, 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.*

Mary 3. Halay  
Required Signature/Incorporator

June 20, 2014

Date