

P15000029213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

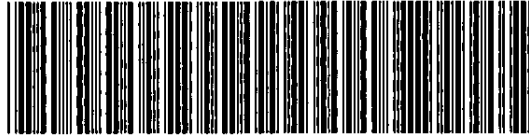
(Business Entity Name)

(Document Number)

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

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15 MAR 27 PM 1:14  
STATE  
ALL PARTS SEE FLORIDA

3 21 15 10

## COVER LETTER

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

SUBJECT: Airport Critter Care 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: Jamie Leigh Arena

Name (Printed or typed)

3137 Meyer Drive

Address

Sarasota, FL 34239

City, State & Zip

941-356-2758

Daytime Telephone number

elizabeth@barneslawfl.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: Airport Critter Care Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

3137 Meyer Drive

Sarasota, FL 34239

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

To provide short term care for animals traveling through major airports.

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CLERK OF DISTRICT COURT  
STATE OF FLORIDA

**ARTICLE IV    SHARES**

The number of shares of stock is: 1,500

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

Name and Title: Jamie Leigh Arena - President

Name and Title: Debra Ann Swanberry

Address 3137 Meyer Drive

Address: 4174 Westborne Circle

Sarasota, FL 34239

Sarasota, FL 34268

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

(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: Elizabeth C. Barnes

Address: 146 2nd Street N., Suite 310

St. Petersburg, FL 33701

**ARTICLE VII INCORPORATOR**

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

Name: Elizabeth C. Barnes

Address: 146 2nd St N., Suite 310

St. Petersburg, FL 33701

*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*

S-CB

Required Signature/Registered Agent

3/25/15

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.*

S-CB

Required Signature/Incorporator

3/25/15

Date