

PI S0000048722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

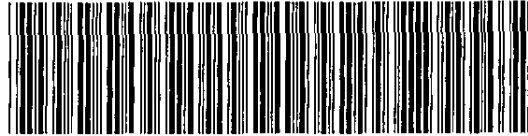
Special Instructions to Filing Officer:

Office Use Only

W/SUW 35923

JUN 03 2015

T. SCOTT



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05/18/15--01013--002 **70.00

15 JUN -2 AM 11:30



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 20, 2015

HAIWYN HALDANE
6146 NW GINGER LANE
PORT ST LUCIE, FL 34986

SUBJECT: PETS HEALTH SUPPLIES INC.
Ref. Number: W15000035923

We have received your document for PETS HEALTH SUPPLIES INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://www.sunbiz.org/titledef.html>.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 915A00010694

COVER LETTER

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

SUBJECT: Pets Health Supplies 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Halwyn Haldane
Name (Printed or typed)

6146 NW Ginger Lane
Address

Port Saint Lucie, FL 34986
City, State & Zip

772-985-2186
Daytime Telephone number

lele9631@netzero.net
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 NAMEThe name of the corporation shall be: Pets Health Supplies Inc**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

6146 NW Ginger Lane
Port Saint Lucie, FL 34986 (Same)**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: The sale of Pet
Products, both wholesale and retail.**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Halwyn Haldane Name and Title:President

Address

Address:

6146 NW Ginger Lane
Port Saint Lucie, FL 34986Name and Title: Monica Hendrix Name and Title:manager

Address

Address:

6146 NW Ginger Lane
Port Saint Lucie, FL 34986

Name and Title: _____ Name and Title: _____

Address _____

Address: _____

15 JUN - 2 AM 11:30

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:

Holiston Hanley

Address:

4030 NW 194th Street
Miami Gardens, FL 33055**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

→ Maria Hendrix

Address:

6146 NW Ginger Lane
Port Saint Lucie, FL 34986**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Holiston Hanley
Required Signature/Registered Agent

5/11/2015
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.

Maria Hendrix
Required Signature/Incorporator

05-11-2015
Date