

P15000054961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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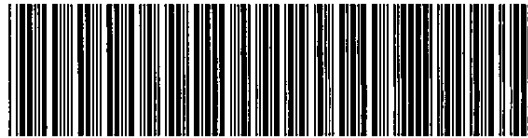
(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 29 2015
W PAINTER

COVER LETTER

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

SUBJECT: PLISKA'S PAWS AND PICS, 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: LISA BIGGINS

Name (Printed or typed)

20856 N RAND RD

Address

KILDEER, IL 60010

City, State & Zip

847-438-3590

Daytime Telephone number

lisa@glmfin.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: PLISKA'S PAWS AND PICS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
10342 POINTVIEW CT
ORLANDO, FL 32836

Mailing address, if different is:
20856 N RAND RD
KILDEER, IL 60010

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: 1000000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HEATHER PLISKA PRES/TREAS/DIR

Address: 10342 POINTVIEW CT
ORLANDO, FL 32836

Name and Title: RAYMOND PLISKA SEC/DIR

Address: 10342 POINTVIEW CT
ORLANDO, FL 32836

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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15 JUN 24 AM 8:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: HEATHER PLISKA

Address: 10342 POINTVIEW CT

ORLANDO, FL 32836

ARTICLE VII INCORPORATOR

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

Name: LISA BIGGINS

Address: 20856 N RAND RD

KILDEER, IL 60010

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15 JUN 24 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Heath Pliska

Required Signature/Registered Agent

6/16/15
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.

[Signature]

Required Signature/Incorporator

JUNE 10, 2015

Date

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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Address: 10342 POINTVIEW CT
ORLANDO, FL 32836

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

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Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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Name: HEATHER PLISKA
Address: 10342 POINTVIEW CT
ORLANDO, FL 32836

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LISA BIGGINS
Address: 20856 N RAND RD
KILDEER, IL 60010

FILED
15 JUN 24 AM 8:08
SECRETARY OF STATE
ALABAMA, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

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

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Heath Pliska 6/16/15
Required Signature/Registered Agent 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.

[Signature] JUNE 10, 2015
Required Signature/Incorporator Date