

P15000064719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

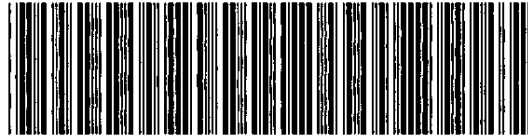
(Document Number)

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

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NO INC  
W15-48880

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FILED  
15 JUL 30 PM 12:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 30 2015

W PAINTER

## COVER LETTER

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

SUBJECT: MyPal Dog Treats, 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: Todd Weardon  
Name (Printed or typed)

1414 Rosemary Lane  
Address

Naples FL 34103  
City, State & Zip

239-404-4011  
Daytime Telephone number

hello@mypaldogtreats.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: MyPal Dog Treats, Inc.

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address: 1414 Rosemary Lane Naples Fl 34103  
Mailing address, if different is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: To sell online Dog Treats  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES**  
The number of shares of stock is: 100

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

Name and Title:	<u>Jasmine Weardon President</u>	Name and Title:	_____
Address	<u>1414 Rosemary Lane</u>	Address:	_____
	<u>Naples Fl 34103</u>		_____
	_____		_____

Name and Title:	<u>Todd Weardon Vice President</u>	Name and Title:	_____
Address	<u>1414 Rosemary Lane</u>	Address:	_____
	<u>Naples Fl 34103</u>		_____
	_____		_____

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

15 JUL 30 PM 12:26  
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: Todd Weardon

Address: 1414 Rosemary Lane

Naples Fl 34103

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Todd Weardon

Address: 1414 Rosemary Lane

Naples Fl 34103

**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*

Todd Weardon  
Required Signature/Registered Agent

7-15-15  
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.*

Todd Weardon  
Required Signature/Incorporator

7-15-15  
Date