

P15000102260

(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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12/17/15--01034--001 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 DEC 17 PM 5:14

APPROVED
AND
FILED

VH

MyCorporation*

23586 Calabasas Rd. Suite 102
Calabasas, CA 91302

Toll-Free: 888-692-6778 | Fax: 818-879-8005
Email: customerservice@mycorporation.com

ROUTINE SERVICE FILING REQUEST

Tuesday, December 15, 2015

Division of Corporations
Florida Department of State
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: August Rooster, Inc

Ladies and Gentlemen:

Please find enclosed for filing Articles of Incorporation for the above referenced company.

Enclosed is a check in the amount of \$78.75 for filing and for a **certified copy**.

Please return the certified copy to the address below.

Thank you for your assistance.

Sincerely,

MyCorporation
Attn: Fulfillment Dept.
23586 Calabasas Rd., Suite 102
Calabasas, CA 91302

COVER LETTER

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

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

FROM: Carri Brown
Name (Printed or typed)

23586 Calabasas Road Suite 102
Address

Calabasas, CA 91302
City, State & Zip

877-692-6772
Daytime Telephone number

lpeliwo@hotmail.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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: August Rooster, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

229 E. Hornbeam Drive

Longwood, FL 32779

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: limited to the operation of one or more Wild Birds Unlimited

franchises. The transfer or issuance of any stock of the corporation or the sale or transfer of any interest in the franchise

is restricted by the terms of the Franchise Agreement between the franchisee corporation and Wild Birds Unlimited.

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Laura Peliwo, DPST

Name and Title: Jason Edwin Peliwo, Director

Address 229 E. Hornbeam Drive

Address: 229 E. Hornbeam Drive

Longwood, FL 32779

Longwood, FL 32779

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

APPROVED
AND
FILED

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Laura Peliwo
Address: 229 E. Hornbeam Drive
Longwood, FL 32779

ARTICLE VII INCORPORATOR

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

Name: Carri Brown
Address: 23586 Calabasas Road Suite 102
Calabasas, CA 91302

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

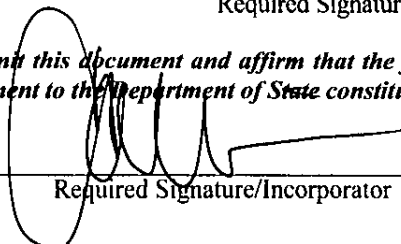


Required Signature/Registered Agent

12/9/15

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.



Required Signature/Incorporator

12/15/15

Date