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TALLAHASSEE, FLORIDA

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**COVER LETTER**

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

SUBJECT: CANINE DESIGN OF N. FT LAUDERDALE 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 Filing Fee  
 \$78.75 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
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: LUKE MEDLINE  
Name (Printed or typed)

9633 CYPRESS PARK WAY  
Address

BOYNTON BEACH FL 33472  
City, State & Zip

561-396-3048  
Daytime Telephone number

timbednar3107@gmail.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: CANINE DESIGN OF N. FT LAUDERDALE INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

9633 CYPRESS PARK WAY  
BOYNTON BEACH FL 33472

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To own and operate a pet grooming shop.

**ARTICLE IV SHARES**

The number of shares of stock is: 10

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TALLAHASSEE, FLORIDA

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

Name and Title: LUKE MEDLINE PRES Name and Title: \_\_\_\_\_

Address 9633 CYPRESS PARK WAY Address: \_\_\_\_\_  
BOYNTON BEACH FL  
33472

Name and Title: TIMOTHY BEDNARE V. PAS Name and Title: \_\_\_\_\_

Address 9633 CYPRESS PARK WAY Address: \_\_\_\_\_  
BOYNTON BEACH FL  
33472

Name and Title: DWAIN MECKS Name and Title: \_\_\_\_\_

Address 9633 CYPRESS PARK WAY Address: \_\_\_\_\_  
BOYNTON BEACH FL 33472  
SEC / TREAS

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: Timothy Bednark  
 Address: 9633 CYPRESS PARK WAY  
BOYNTON BEACH, FL 33472

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 TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: Timothy Bednark  
 Address: 9633 CYPRESS PARK WAY  
BOYNTON BEACH, FL 33472

**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*

Timothy Bednark \_\_\_\_\_ 1/14/2016  
 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.*

Timothy Bednark \_\_\_\_\_ 1/14/2016  
 Required Signature/Incorporator Date