

P16000021232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

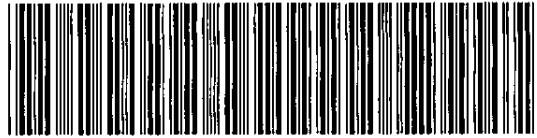
(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only

Barbara Hanley GAVE
AUTHORIZATION BY PHONE TO
CORRECT NAME
DATE 2-8-16
DOC. NO. 6



300283079883

03/09/16--01001--001 **70.00

FILED
16 FEB 29 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03-08-16

COVER LETTER

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

SUBJECT: Animal Instinct, Inc

Proprietary
(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: Barbara L Hanley

Name (Printed or typed)

1088 Hoover Cir

Address

Nokomis, Fl 34275

City, State & Zip

941-468-9091

Daytime Telephone number

blhanley5@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

RECEIVED
16 FEB 25 PM 3:55
TALLAHASSEE, FLORIDA

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: Animal Instinct promotions, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1088 Hoover Cir, Nokomis, Fl, 34275

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To do business as a Animal Talent Agency and animal Trainer.

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Barbara L Hanley, Pres Name and Title: _____

Address 1088 Hoover Cir Address: _____
Nokomis, Fl 34275

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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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: Ivonne Barnes

Address: 101 W. Venice Ave, Suite 32

Venice, Fl 34285

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Barbara L Hanley

Address: 1088 Hoover Cir

Nokomis, Fl 34275

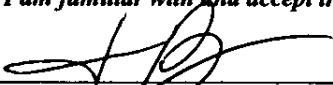
ARTICLE VIII EFFECTIVE DATE:

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

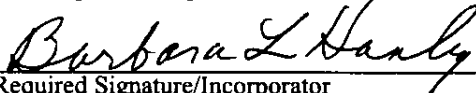


Required Signature/Registered Agent

2/19/16

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

2/19/16

Date