

PI6000031911

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APR 5 2016
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
JLH
4-11-16

COVER LETTER

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

SUBJECT: Florida Pet Trust Attorney, P.A.

(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: Roberto Castillo

Name (Printed or typed)

6060 Williams Rd

Address

Tallahassee, FL 32311

City, State & Zip

773-682-8151

Daytime Telephone number

floridapettrustattorney@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: Florida Pet Trust Attorney, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6060 Williams Rd

Tallahassee, FL 32311

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Encouraging people to make wills and trusts by providing affordable, efficient, compassionate legal services with a high level of personal customer service.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Roberto Castillo

Name and Title:

Address: 6060 Williams Rd

Address:

Tallahassee, FL 32311

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

APR 16 2003
10 APR - 5 PM 5:03
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: Roberto Castillo
Address: 6060 Williams Rd
Tallahassee, FL 32311

ARTICLE VII INCORPORATOR

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

Name: Roberto Castillo
Address: 6060 Williams Rd
Tallahassee, FL 32311

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 APR - 3 PM 5:03

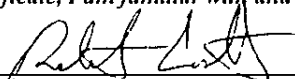
ARTICLE VIII EFFECTIVE DATE:

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.)

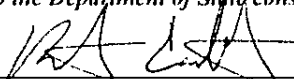
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

3/31/16
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

3/31/16
Date