

P16000040112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500283586335

04/21/16--01026--001 \*\*70.00

FILED  
16 MAY -9 PM 2:28  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

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

**SUBJECT:** Dogs With Style Grooming School 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

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Wendy L Jones

\_\_\_\_\_  
Name (Printed or typed)

2418 S Holly Ave

\_\_\_\_\_  
Address

Sanford, FL 32771

\_\_\_\_\_  
City, State & Zip

407-928-3192

\_\_\_\_\_  
Daytime Telephone number

dogswithstylegroomingschool@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 APR 18 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 21, 2016

WENDY L JONES  
2418 S HOLLY AVENUE  
SANFORD, FL 32771

SUBJECT: DOGS WITH STYLE GROOMING SCHOOL INC  
Ref. Number: W16000029773

We have received your document for DOGS WITH STYLE GROOMING SCHOOL INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 516A00008288

RECEIVED

16 MAY -9 PM 12:50

DEPARTMENT OF STATE  
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: Dogs With Style Grooming School Inc

### ARTICLE II PRINCIPAL OFFICE

Principal street address  
241 N Hunt Club Blvd., Suite 105

Longwood, FL 32779

Mailing address, if different is:

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any lawful purpose associated with educating dog groomers.

### ARTICLE IV SHARES

The number of shares of stock is: 10,000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dawn Carpenter, President

Address 241 N Hunt Club Blvd., Suite 105  
Longwood, FL 32779

Name and Title: Susan Pardee, Vice President

Address: 241 N Hunt Club Blvd., Suite 105  
Longwood, FL 32779

Name and Title: Wendy Jones, Treasurer

Address 241 N Hunt Club Blvd., Suite 105  
Longwood, FL 32779

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

16 MAY - 9 PM 2:28  
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: Wendy L Jones \_\_\_\_\_

Address: 2418 S Holly Ave \_\_\_\_\_

Sanford, FL 32771 \_\_\_\_\_

16 MAY -9 PM 2:28  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: Wendy L Jones \_\_\_\_\_

Address: 2418 S Holly Ave \_\_\_\_\_

Sanford, FL 32771 \_\_\_\_\_


**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*

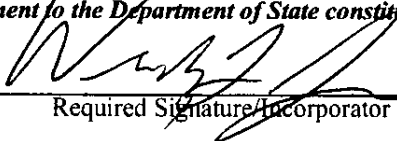


Required Signature/Registered Agent

4/14/16

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

5/5/16

Date