

P/6 000092483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

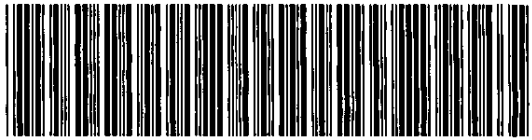
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/17/16--01013--002 **70.00

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M. MOON
NOV 17 2016

COVER LETTER

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

SUBJECT: UPTOWN PUP 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
ADDITIONAL COPY REQUIRED	

FROM: JULIE SKEEN
Name (Printed or typed)

8401 HENDERSON GRADE
Address

NORTH FORT MYERS, FL 33917
City, State & Zip

239-910-2605
Daytime Telephone number

pwrstables@gmail.com
E-mail address: (to be used for future annual report notification)

16 NOV 17 PM 7:22
SECRETARY OF STATE
FILED

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: Uptown Pup Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2160 McGregor Blvd Unit 108

8401 Henderson Grade

Fort Myers, FL 33901

North Fort Myers, FL 33917

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To start a new legal corporation in the State of Florida

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Julie Skeen/ Manager

Name and Title: _____

Address 8401 Henderson Grade

Address: _____

North Fort Myers, FL 33917

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

16 NOV 17 PM 7:22
STATE

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: Julie Skeen
 Address: 8401 Henderson Grade
 North Fort Myers, FL 33917

16 NOV 17 PM 7:22
 DEPARTMENT OF STATE

ARTICLE VII INCORPORATOR

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

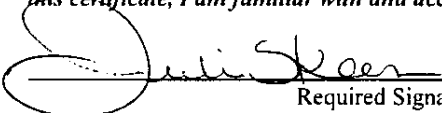
Name: Julie Skeen
 Address: 8401 Henderson Grade
 North Fort Myers, FL 33917

ARTICLE VIII EFFECTIVE DATE:

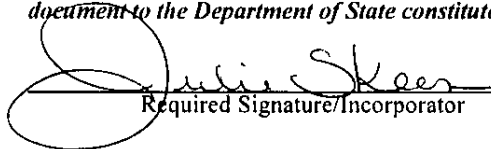
Effective date, if other than the date of filing: December 1, 2016 (OPTIONAL)
 (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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 11-9-16
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 11-9-16
Date