

P16000094096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

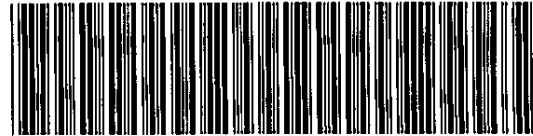
(Business Entity Name)

(Document Number)

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

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2016 NOV 28 AM 8:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

V HERRING  
NOV 30 2016

## COVER LETTER

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

**SUBJECT:** Noah's Barks & Purrs of FWB, 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      ☐ \$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:** Stormy Carbonel  
\_\_\_\_\_  
Name (Printed or typed)  
  
107 Eglin Parkway SE  
\_\_\_\_\_  
Address  
  
Fort Walton Beach, FL 32548  
\_\_\_\_\_  
City, State & Zip  
  
850-376-4279  
\_\_\_\_\_  
Daytime Telephone number  
  
stormycarbonel@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)

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**ARTICLE I NAME**

The name of the corporation shall be: Noah's Barks & Purrs of FWB, Inc.

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address **SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

107 Eglin Parkway

Fort Walton Beach, FL 32547

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To provide grooming and day care/boarding services for dogs and cats.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Stormy Carbonel

Name and Title: President

Address 103 Camelia Drive

Address:

Fort Walton Beach, FL 32547

Name and Title: Vladimir Carbonel

Name and Title: Sec/Treas

Address 103 Camelia Dr

Address:

Fort Walton Beach, FL 32547

Name and Title:

Name and Title:

Address

Address:

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

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Stormy Carbonel \_\_\_\_\_

Address: 107 Eglin Parkway \_\_\_\_\_

Fort Walton Beach, FL 32548 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: Stormy Carbonel \_\_\_\_\_

Address: 107 Eglin Parkway \_\_\_\_\_

Fort Walton Beach, FL 32548 \_\_\_\_\_

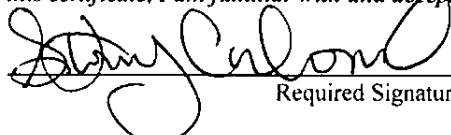
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: November 30, 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*

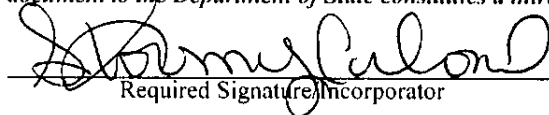


Required Signature/Registered Agent

11/14/16

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

11/14/16

Date