P17000037997

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bı	isiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

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

SUBJECT: DAPPER DOG-	111	
(PROPOSED CORPORAT	TE NAME – <u>MUST INCL</u> I	UDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and	i a check for:
Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
<i>\\</i>	PY REQUIRED	
FROM: DARLENE HA	LBERG (Printed or typed)	
1122 US Hu	oddress	
SEBASTIAN City,	FL 32958 State & Zip	
772 S Daytime Te	581 6392 elephone number	M-100-100-100-100-100-100-100-100-100-10
Halbert 12 E-mail address: (to be used	57 @ asc. iso	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)

The name of the corpora	tion shall be: DAQQe~	Do 6	inc	
ARTICLE II PRINC	CIPAL OFFICE Principal street address	λ	Mailing address, if different is:	
1122 US	thuy i			
Seba STI	N FL 32950	 		
ARTICLE III PURPO The purpose for which to	OSE the corporation is organized is:	PET GROO	ming	
ARTICLE IV SHAR The number of shares of ARTICLE V INITIA		<u>w</u>	Fil. 17 APR 25 FALLANG 35	
Name and Titl	e: DARLENE HALBERT	Pres. Name and Title:		
Address	937 STARFLOWER		<u>්ටු ය</u> කි. 0	
	SebASTIAN FZ 32	9.58	· · · · · · · · · · · · · · · · · · ·	
Name and Title	::	Name and Title:		
Address		Address:		
Name and Title	×	Name and Title:		
Address				

Address	Add	ress:				
	STERED AGENT street address (P.O. Box NOT acceptable) of the re	egistered agent is:				
Name:	ARLENE HALBERG					
Address: 9	37 Star Flower que					
S	REDASTIAN FL 36958					
ARTICLE VII INCO	<u>RPORATOR</u>					
The name and address	of the Incorporator is:		7			
Name:	DARIENE HALBERG		E P			
Address:	937 Starfower que		25			
	SEBASTIAN FZ 3295 X		P 3			
•		,	्रीं ज़			
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 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						
			4117/17			
	Required Signature/Registered Agent		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.						
	\times		411717			
Required Si	gnature/Inco/porator		Date			

Name and Title:_______Name and Title:______

April 17, 2017

I am the owner of the dissolved entity, Dapper Dog Inc., P11000088223 located in Sebastian, Florida.

I have no intention of reinstating.

Sincerely,

Darlene Y. Halberg

PM 2000 037 997

April 17, 2017

I am the owner of the dissolved entity, Dapper Dog Inc., P11000088223 located in Sebastian, Florida.

I have no intention of reinstating.

Sincerely,

Darlene Y. Halberg

PM 000037997