

PN 000043 213

(Requestor's Name)

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☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

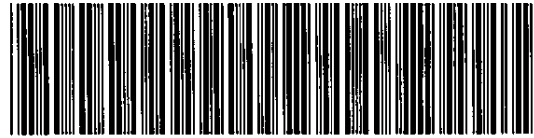
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W17W 37664

MAY 16 2016

T. SCOTT



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05/01/17--01032--005 **70.00

17 MAY 16 AM 8:46
CLERK OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED



17 MAY 16 PM 12:27

FLORIDA DEPARTMENT OF STATE
Division of Corporations

INFORMATION SERVICES

May 2, 2017

TARA LEE MILLER
222 AVENUE L
DELRAY BEACH, FL 33483

SUBJECT: HAPPY TAILS MOBILE GROOMING, INC.
Ref. Number: W17000037664

We have received your document for HAPPY TAILS MOBILE GROOMING, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

L09000076686-HAPPY TAILS MOBILE GROOMING LLC,

Please return the corrected original and one copy of 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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 317A00008581

COVER LETTER

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

COPY

SUBJECT: HAPPY TAILS MOBILE GROOMING PARTNERS, 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: TARA LEE MILLER

Name (Printed or typed)

222 AVENUE L

Address

DELRAY BEACH, FLORIDA 33482

City, State & Zip

561-251-0111

Daytime Telephone number

TARA@HAPPYTAILSMOBILEGROOMING.COM

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

HAPPY TAILS MOBILE GROOMING PARTNERS, INC.

The name of the corporation shall be:

Principal street address

Mailing address, if different is:

222 AVENUE L

DELRAY BEACH, FLORIDA 33483

TO CONDUCT THE BUSINESS OF MOBILE DOG GROOMING

The purpose for which the corporation is organized is:

100

The number of shares of stock is:

Name and Title: TARA MILLER PRESIDENT

Address 222 AVENUE L

DELRAY BEACH, FLORIDA 33483

Name and Title:

Address:

Name and Title:_____

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

17 MAY 15 AM 8:46
FBI WASH DC
FBI MIAMI

100

ARMED

COPY

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: Tara Miller _____

Address: 222 Avenue L _____

Delray Beach Florida 33483 _____

ARTICLE VII INCORPORATOR

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

Name: Tara Miller _____

Address: 222 Avenue L _____

Delray Beach, Florida 33483 _____

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.

Tara L. Miller

Required Signature/Registered Agent

4/19/17

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.

Tara L. Miller

Required Signature/Incorporator

4/19/17

Date