

P17000074997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

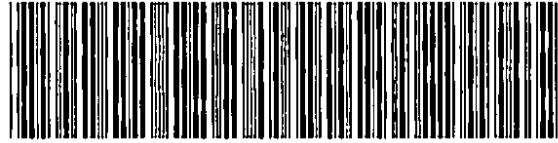
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

h 09/14/17

COVER LETTER

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

SUBJECT: Natalie Marie Incorporated

(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: Natalie Marie Jill Kalichman

Name (Printed or typed)

8441 s.w. 27 place

Address

Davie, Florida 33328

City, State & Zip

954-474-8446

Daytime Telephone number

nataliemariejillkalichman@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)

ARTICLE I NAME

The name of the corporation shall be: Natalie Marie incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

p.o. box 4581 Western Road

8441 S.W. 27 PLACE

Weston, Florida 33331

DAVIE, FLORIDA 33314

box 296

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THE INTENT OF THE CORPORATION IS TO BE USED AS A BASIS FOR THE OPENING AND OPERATING OF A RETAIL PET SHOP IN THE STATE OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is: 100 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Natalie Marie Jill Kalichman President

Name and Title: _____

Address 8441 s.w. 27 place

Address: _____

Davie, Florida 33328

Name and Title: Natalie Marie Jill Kalichman s/t

Name and Title: _____

Address 8441 S.W. 28 PLACE

Address: _____

Davie, Florida 33328

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: William Kalichman _____

Address: 8441 s.w. 27 place _____

Davie, Florida 33328 _____

ARTICLE VII INCORPORATOR

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

Name: William Kalichman _____

Address: 8441 S.W. 27 PLACE _____

DAVIE,FLORIDA 33314 _____

17 SEP - 7 PM 2:35
STATE
FALL ARREST FLORIDA

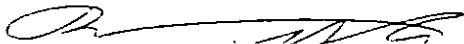
ARTICLE VIII EFFECTIVE DATE:

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



Required Signature/Registered Agent

04 September 2017

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

04 September 2017

Date