

PI8000035091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

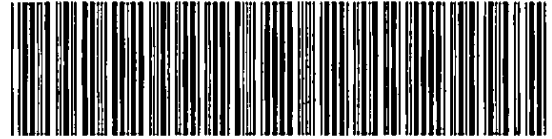
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/16/18--01042--008 **79.75

FILED
2018 APR 16 PM 12:44
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: BAX & MOLLY MOBILE GROOMING 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

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: SANDRA SAPP

Name (Printed or typed)

918 LOCUST AVE

Address

ORLANDO, FL 32809

City, State & Zip

407-600-3878

Daytime Telephone number

ARIESITP@LIVE.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: BAX & MOLLY MOBILE GROOMING, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

918 LOCUST AVE

ORLANDO, FL 32809

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: "ANY AND ALL LAWFULL BUSINESS"

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SANDRA SAPP - PRESIDENT

Name and Title: ROBERT SAPP - SECRETARY

Address: 918 LOCUST AVE

Address: 918 LOCUST AVE

ORLANDO, FL 32809

ORLANDO, FL 32809

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

2018 APR 18 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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: ARIES INCOME TAX PREPARATION, INC.
Address: 105 E LANCASTER RD
ORLANDO, FL 32809

2018 APR 16 PM 12:44
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SANDRA SAPP
Address: 918 LOCUST AVE
ORLANDO, FL 32809

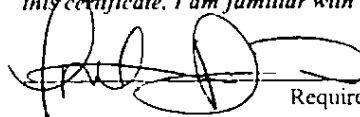
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 04/04/2018 (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.)

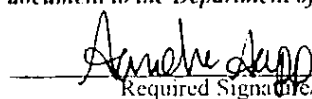
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

 - Antoinette Reyes
Required Signature/Registered Agent

4/4/2018
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.

 - Sandra Sapp
Required Signature/Incorporator

4/4/18
Date