

P19000078479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

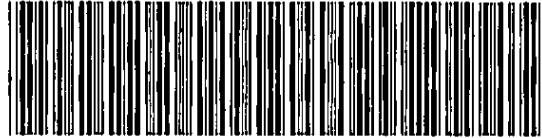
(Business Entity Name)

(Document Number)

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

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10/07/19--01025--012 \*\*70.00

FILED  
19 OCT 18 PM 2:31  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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: LLB GROOMING SERVICES INC**ARTICLE II PRINCIPAL OFFICE**Principal street address7111 SW 129 th AVENUE, Suite 5

Mailing address, if different is:

Miami, FL 33183**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: To transact any and all business permitted under the laws ofthe United States of America and of the State of Florida.**ARTICLE IV SHARES**The number of shares of stock is: 500 at \$1 par value**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: LOURDES J. BERGMANN, PRESIDENTName and Title: LOURDES T. CANO, VPAddress: 7111 SW 129 AVENUE # 5Address: 7111 SW 129 AVENUE #5MIAMI, FLORIDA 33183MIAMI, FLORIDA 33183

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

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

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

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

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: LOURDES J. BERGMANN  
Address: 7111 SW 129 AVENUE #5  
MIAMI, FLORIDA 33183

**ARTICLE VII INCORPORATOR**

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

Name: LOURDES J. BERGMANN  
Address: 7111 SW 129 AVENUE #5  
MIAMI, FLORIDA 33183

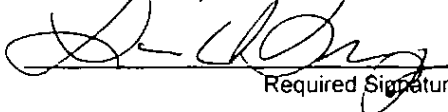
**ARTICLE VIII EFFECTIVE DATE:**

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.)

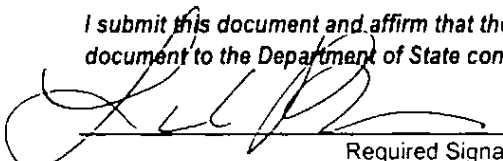
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

10/1/19  
\_\_\_\_\_  
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

10/1/19  
\_\_\_\_\_  
Date

## COVER LETTER

ATX1

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

**SUBJECT:** LLB GROOMING SERVICES 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:** MAGDELINE GONZALEZ CPA

Name (Printed or typed)

8360 W. FLAGLER STREET, SUITE 206

Address

MIAMI, FLORIDA 33144

City, State & Zip

305-302-3918

Daytime Telephone number

lulybergmann@gmail.com

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

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