

P21000015831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600355797746

01/08/21--01020--016 **87.50

2021 JAN -8 PM 4:53

F11111

COVER LETTER

ATX1

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

SUBJECT: ELITE PET SPA, 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: LYNETTE KOLLER

Name (Printed or typed)

2064 SW 37TH AVE.

Address

FORT LAUDERDALE, FL 33312

City, State & Zip

815-814-2913

Daytime Telephone number

LYNETTERK345@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 NAMEThe name of the corporation shall be: ELITE PET SPA, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

2064 SW 37TH AVE.FORT LAUDERDALE, FL 33312**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY LAWFUL PURPOSE**ARTICLE IV SHARES**The number of shares of stock is: 1,000,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: LYNETTE KILLER, PRES., TREAS, SEC

Name and Title: _____

Address: 2064 SW 37TH AVE.

Address: _____

FORT LAUDERDAL, FL 33312

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

2011 JAN -8 PM 11:53

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: LYNETTE KOLLER
Address: 2064 SW 37TH AVE.
FORT LAUDERDALE, FL 33312

ARTICLE VII INCORPORATOR

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

Name: LYNETTE KOLLER
Address: 2064 SW 37TH AVE.
FORT LAUDERDALE, FL 33312

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

Lynette Koller

Required Signature/Registered Agent

12/21/2020

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.

Lynette Koller

Required Signature/Incorporator

12/21/2020

Date