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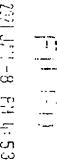
(Requestor's Name)					
(Address)					
(Address)					
(Ch. (Ch.) Ch.) (Ch.)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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



COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314			F1 - 1
SUBJECT: ELITE PET SPA, INC.	(DOODOSED CORODAT	E NAME - MUST INCLUDE S	SUFFIX) CA
Enclosed are an original and o			 ω
Filing Fee Filing	8.75 Fee tificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL COP	X \$87.50 Filing Fee, Certified Copy & Certificate of Status Y REQUIRED
FROM: LYNETTE KOL		rinted or typed)	
2064 SW 37TH		ddress	A
FORT LAUDER	City,	State & Zip	
815-814-2913	Daytime Te	elephone number	
	5@GMAIL.COM	or future appual report notifica	ution)

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)

ICLE I NAME name of the corpora	ation shall be: ELITE PET SPA, INC.		
TICLE II PRINCIF Principal <u>str</u> 4 SW 37TH AVE.	PAL OFFICE reet address	Mailing a	eddress, if different is:
RT LAUDERDALE, F	FL,333 <u>12</u>		
TICLE III PURPO purpose for which t		FUL PURPOSE	
			72
			- e
RTICLE IV SHARE			4: 53
e number of shares o	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:			
		_	

Name	and Title:	Name and Title:	
Addres	ss	Address:	
	REGISTERED AGENT d Florida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	LYNETTE KOLLER	<u> </u>	
Address:	2064 SW 37TH AVE.		
	FORT LAUDERDALE, FL 33312	_	
ARTICLE VII	INCORPORATOR		
The <u>name an</u>	d address of the Incorporator is:		
Name:	LYNETTE KOLLER		
Address:	2064 SW 37TH AVE.		
	FORT LAUDERDALE, FL 33312		
Effective date	I EFFECTIVE DATE: , if other than the date of filing:	(OPTIONAL)	
(If an effectiv filing.)	e date is listed, the date must be specific and cann	ot be more than five days prior	or 90 days after the
	date inserted in this block does not meet the applicable locument's effective date on the Department of State's		s date will not be
	named as registered agent to accept service of process ate, I am familiar with and accept the appointment as re		
	X mutti Keller		12/21/2020
	Regulired Signature/Registered Agent		Date
	document and affirm that the facts stated herein are tru		
document to t	the Department of State constitutes a third degree felor	ny as provided for in s.817.155, F	.5.
	Frutt Kaller		12/21/2020
	Required Signature/Incorporator		Date