Florida Department of State

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(((H210001229893)))



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To:		
	Division of Co	rporations
	Fax Number	: (850)617-6381
From:		
	Account Name	: CORPORATE CREATIONS INTERNATIONAL INC.
	Account Number	: 110432003053
	Phone	: (561)694-8107
	Fax Number	: (561)214-8442
	nual report mail.	es for this business entity to be used for futurings. Enter only one email address please.**
Rm	ali Address:	
En	ail Address:	

Petslandia, Inc.

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$87.50

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

RTICLE I NAME	Petslandia, Inc.		
he name of the corporat	ion shall be:		
ARTICLE II PRINC 3 Sweet Hollow Road	IPAL OFFICE Principal street address	Same N	Mailing address, if different is:
Huntington NY 11743		-i	
runungun (4 1 1 1 43			
ARTICLE III PURPO The purpose for which the	NSE the sale the corporation is organized is:	e of pet products, online	and retail
	stock is: (L OFFICERS AND/OR DIRECTOR.)	<u>s</u>	~-3
Name and Title		Name and Title	Domenico Inglese- President
Address	3 Sweet Hollow Road	Address:	3 Sweet Hollow Road
	Huntington NY 11743		Huntington NY 11743
			<u></u>
Name and Title	!	Name and Title	:
Address		Address:	
Name and Title		Name and Title	:
Address		Address:	
			
			

Name a	nd Title:	Name and Title:	
Addres		Address:	
ARTICLE VI The name and I	REGISTERED AGENT Provide street address (P.O. Box NOT acceptable Corporate Creations Network Inc.	e) of the registered agent is:	
Name:	801 US Highway I		
Address:	North Palm Beach, FL 33408		
ARTICLE VII	INCORPORATOR Address of the Incorporator is:		
Name:	Vera B. Ray		
	111 Washington Avenue, Suite 703		
Address:	Albany NY 12210		2;
TOOC . and	I EFFECTIVE DATE: upon filing if other than the date of filing: date is listed, the date must be specific and ex	. (OPTIONAL) innot be more than five days prior or 9	00 days after the
filing.) Note: If the da	ate inserted in this block does not meet the applic effective date on the Department of State's reco	able statutory filing requirements, this de	· ·
Having been n this certificate,	amed as registered agent to accept service of pr I am familiar with and accept the appointment t	ocess for the above stated corporation at is registered agent and agree to act in thi	the place designated in a capacity
	Required Signature/Registered Agent		Date
I submit this a document to th	locument and affirm that the facts stated herein the Department of State constitutes a third degree	are true. I am aware that the false info felony as provided for in s.817.155, F.S.	ormation submitted in .
	Voia B Rack		6/2021
Re	quired Signature/Incorporate		Date