

P23000073484

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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From:

Division of Corporations
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Account Name : CM ACCOUNTING & TAX, LLC
Account Number : 120210000120
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: cmtax@yahoo.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
GOOD DOG TREAT COMPANY**

Certificate of Status	1
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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: GOOD DOG TREAT COMPANY

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10900 SW 88 AVE

PINECREST, FL 33158

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MICHELLE FONT

Name and Title: _____

Address 10900 SW 88 AVE

Address: _____

PINECREST, FL 33158

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: MICHELLE FONT
Address: 10900 SW 88 AVE
PINECREST, FL 33156

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: MICHELLE FONT
Address: 10900 SW 88 AVE
PINECREST, FL 33156

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

10/10/23
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

10/10/23
Date

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October 10, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CM ACCOUNTING & TAX, LLC

SUBJECT: GOOD DOG TREAT COMPANY, LLC
RUF: W23000138975

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name of the entity cannot include "COMPANY." This word/abbreviation is readily associated with a company and is commonly used to denote another type of entity. Please amend your document accordingly.

If you have any further questions concerning your document, please call (850) 245-6052.

Tabitha J Howell
Regulatory Specialist II
New Filings Section

FAX Aud. #: B23000353147
Letter Number: 223A00023453