

N1900006423

Florida Department of State
Division of Corporations
Filing Office

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000196185 3))



H190001961853ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

Therapaws Network Inc

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

10:51:21 PM 5/11

2019 JUN 24 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF INCORPORATION FOR

The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

ARTICLE I NAME:

The name of the corporation shall be:

therapaws Network Inc

ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

The principal and mailing address of this corporation is:

8953 S.W 150 Court Circle W.
Miami, FL 33196

ARTICLE III PURPOSE (S)

The specific purpose(s) for which the corporation is organized is (are):

Rescue dogs to be trained
as therapy dogs. to provide
services person in needs.

ARTICLE IV MANNER OF ELECTIONS OF DIRECTORS:

The manner in which the directors are elected or appointed is as follows:

By THE BYLAWS

2019 JUN 24 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLE V LIMITATION OF CORPORATE POWERS

The corporate powers of this corporation are as provided the section 617.0302, Florida Statutes, unless limited as follows:

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

Lirde Nunez
8953 SW 150 Court Circle W.
Miami, Florida 33196

ARTICLE VII DIRECTORS (must have the minimum of three directors): NAME AND ADDRESS

Lirde Nunez (P)

Maria Francisco (VP)

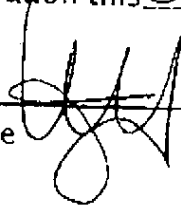
ARTICLE VIII INCORPORATOR

The name and street address of the incorporator for these Articles of Incorporator is:

Lirde Nunez
8953 SW 150 Court Circle W.
Miami, FL. 33196

The undersigned incorporator has executed these Articles of Incorporation this 24 day of June, 2019

Signature



CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the corporation is:

Theraprows Network INC
(must include suffix)

The name and address of the registered agent and office is:

Lirde Jones
(name)

8953 SW 150 Court Circle W.
(P.O. Box or Mail Drop Box NOT Acceptable)

Miami, FL 33196
(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Signature]
Signature of Registered Agent

10/24/19
Date