Department of State Division of Corporations P. O. Box 6327 Tallahassee, EL 32314

141141143500, 1°L 323	714		
SUBJECT:	VON ROSADO (PROPOSED CORPORA	KEUWEL TE NAME – MUST INCL	TIME STIERING
	(Samuel	TE TAME - MOST MCL	ODE SUFFIX)
			00046311273 -10/11/0101030002 ******70.00 ******70.00
Enclosed is an origin	al and one(1) copy of the artic	les of incorporation and a	a check for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	NORBERTO ROSAL Name (P	が rinted or typed) アロ	00046311273 -10/16/0101006024
		Address	*******8.75 ******8.75
	CAROL City, FL City, City, Daytime To	33055 State & Zip 2553 Elephone number	SECRETARY OF STATE STATE OF CORPORATION OF CORPORAT

NOTE: Please provide the original and one copy of the articles.

TRANSMITTAL LETTER

SUBJECT: VON ROSAGO KENNEL INC. (Name of corporation - must include suffix) Dear Sir or Madam:
(Name of corporation - must menute surface)
Dear Sir or Madam:
Tenneset Rusiness In Fiorica ;
Dear Sir or Madani. The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following: NORBERTO ROSADO (Name of Person) VON ROSADO KLUNEL TUC. (Firm/Company) (Address) (Address) (City/State and Zip code)
Name of Person)
Und ROSAM WENNEL TUC.
(Firm/Company)
17222 NULL 52/TH AVE
(Address)
MIAMI FL 33055
(City/State and Zip code)
For further information concerning this matter, please call:
For further information concerning this matter, please call: Norberto Rosado at (786) 251-2552 (Name of Person) (Area Code & Daytime Telephone Number)
NOK BEK 10 NO SHEET at (Area Code & Daytime Telephone Number)
(Name of reason)
MAILING ADDRESS:
STREET ADDRESS: Registration Section Registration Section Division of Corporations
Division of Corporations P.O. Box 6327
409 E. Gaines St. Tallahassee, FL 32314 Tallahassee, FL 32399
The least is a check for the following amount:
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy Certified Copy



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

October 18, 2001

NORBERTO ROSADO VON ROSADO KENNEL INC. 17222 NW 54TH AVE MIAMI, FL 33055

SUBJECT: VON ROSADO KENNEL INC.

Ref. Number: W01000024101

We have received your document for VON ROSADO KENNEL INC. and your check(s) totaling \$8.75. However, the document has not been filed and is being retained in this office for the following:

The minimum fee for this filing is \$70. Please refer to the price list on the attached copy of your transmittal letter and send the appropriate remaining amount due.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers Document Specialist

Letter Number: 701A00057576

SECRETARY OF STATE
DIVISION OF CORPORATION

under the law of which it is incorporated.

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH BECTION OVICES, PLONIES BY ALCOHOLS, IN THE STATE OF FLORID REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORID	À.	
VON ROSADO KENNEL INC		
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" of words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)	l	
2. NORTH CAROLINA (State or country under the law of which it is incorporated) (FEI number, if applicable)	24	
(State or country under the law of which it is incorporated) (FEI number, if applicable)	1	
4. 5 DECEMBER 2000 5. PERPETUAL (Date of incorporation) (Duration: Year corp. will cease to exist of		
6. UPON QUALIFICATION (Date first transacted business in Florida, insert "upon	·	
(SEE SECTIONS 607.1501, 607.1502 and 817.135, F.S.)		
7. BYS PARKERTOWN RD. HUBERT, NC 28 (Principal office address)	<i>539</i>	
(Principal office address)		
17222 NW SYTHANG MIAMI, FL 3305 (Current roading address)	55	-
(Current realling address)		
DOG KENNEL, DOG TRAINING	1 1/2	
8. (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	-	DI≤
	oct 24 PM	SOR
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT and	Sebistoie)	<u> </u>
Name: NORBERTO KOSABO		87
Office Address: 17200 NW 5474 AVE	7	공유 유소
MIAMI .Florida 33055 (City) (Zip code)	1: 00	A
(City) (Zip code)	0	5
10. Registered agent's acceptance:		
Having been named as registered agent and to accept service of process for the above stated cor	poration at the p	lace
designated in this application, I hereby accept the appointment as registered agent and agree to further agree to comply with the provisions of all statutes relative to the proper and complete pe	act in this capac rformance of m	ity. I o
duties, and I am familiar with and accept the obligations of my position as registered agent.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•
Non toll		
- Musica Novaca		
(Registered agent's signature)		
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to deliver the Department of State, by the Secretary of State or other official having custody of corporate rec	ry of this applica	tion to
the Transferent of Ctata But the Correctors of State or other Affinial healthe customs of corners rec	ords in the inviso	110000

12. Names and dusiness addresses of officers and/or directors.			
A. DIRECTORS			
Chairman:			
Address:			
Vice Chairman:		-	
Address:	, 		
Director:			
Address:			
Director:		·	
Address:	~		
			-
B. OFFICERS			
President: NORBERTO KOSADO			
Address: 17222 NW SYTHAVE MIAMI, FC 33055	 -		
MIAMI, FC 33055			
Vice President:			
Address:	<u> </u>	<u> </u>	į
	<u> </u>	- 0 - 0 - 1 - 1 - 1 - 1 - 1	! ! !
Secretary:	<u></u>	8-7-8- 7-8-9-	
Address:	2	ORPOR	Ö
Treasurer:	=	2 <u>2</u>	
Address:		XS.	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directo	19,		
13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	 ,		
Margarett Rocky Procede			
(Typed or printed name and capacity of person signing application)			



NORTH CAROLINA

Department of The Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

VON ROSADO KENNEL INC

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 5th day of December, 2000, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 28th day of September, 2001.

Plaine 4. Marshall
Secretary of State

Certification Number: 5729969-1 Page: 1 of 1 Ref.# 4676812-SW Verify this certificate online at www.secretary.state.nc.us/Verification.