VOLCOOS S

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

1 0 0 0 0 3 7 5 7 9 2 1 --- 5 -02/23/01--01044--021 ******78.75 ******78.75

SUBJECT: HAPPY TAILS HABITAT INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee

\$78.75

Filing Fee &

Certificate of

Status

\$78.75

Filing Fee

& Certified Copy

□ \$87.50 Filing Fee,

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: YVONNE E SMITH

Name (Printed or typed)

SECRETARY

Name (Printed or typed)

Address

Address

PH 23

City, State & Zip

Daytime Telephone number

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

Fapaloi

ARTICLES OF INCORPORATION	
In Compliance with Chapter 617, F.S., (Not for Profit)	
ARTICLE I NAME The name of the corporation shall be:	FILED
HAPPY TAILS HABITAT, INC	2001 FEB 23 PM 2: 25
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 5609 Shorm Rb	SECRETARY OF STATE TALLAHASSEE FLORIDA
LUTZ, FL 33549	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Profit- 5he Her, a poption 5ervices of education Programs For Animals	•
ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected or appointed: Directors will be elected pointed.	
ARTICLE V INITIAL DIRECTORS/OFFICERS A term lime The name and addresses:	in a 242
D Yvonne E Smith - Founder Director, President 5609 Storm RD. 2 Jack Eley-D Lutz, FIA 33849 13613 Tast Tampa, FL 3.	Liredon Shay Jeanne Norton Johan Pastore Ro ODESSA, FL
ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDR The name and Florida street address of the registered agent is:	ESS ODESSA, FC 33549
YVONNE R. SMITH 5609 Storm Rd Lutz, FLA 33549	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Yvonne F SMITH 5609 Storm Rd	
LUTZ FIA 33549	*****
Having been named as registered agent to accept service of process for the above stated codesignated in this certificate, I am familiar with and accept the appointment as registered acapacity.	
MI	2-8-0/ Date
Signature/Registered Agent	Date
MAruth YVONNE E SMITH	2-8-01
	Date