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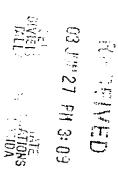
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TRANSMITTAL LETTER

Department of State Division of Corporations . P.O. Box 6327 Tallahassee, FL 32314 Florida Alliance for Animal Owners Rights, Inc. SUBJECT: Enclosed is an original and one (1) copy of the articles of incorporation and a check for: **✓** \$78.75 \$70.00 \$78.75 \$87.50 Filing Fee Filing Fee & Filing Fee Filing Fee, & Certified Copy Certificate of Certified Copy Status & Certificate ADDITIONAL COPY REQUIRED

FROM:	Nancy Stephens
_	1145 Moccasin Gap Road
	Tallahassee, FL 32309
·	(850) 893-0639

FLORIDA ALLIANCE FOR ANIMAL OWNERS RIGHTS, INC. ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopts the following articles of incorporation.

ARTICLE 1. NAME

The name of this organization shall be:

Florida Alliance for Animal Owners Rights, Inc., a Florida nonprofit corporation (hereinafter "Alliance").

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 11445 Moccasin Gap Road
Tallahassee, FL 32309

ARTICLE III: PURPOSE

The purpose of this corporation is to promote the use of alternatives to veterinary medicine by animal owners through research, education and lobbying for laws and regulations to ensure that Florida animal owners have access to such alternatives.

ARTICLE IV. MANNER OF ELECTION OF DIRECTORS

The Board of Directors shall consist of three (3) persons. Directors shall be elected in a manner as set forth in the bylaws.

ARTICLE VI: <u>INCORPORATOR, INITIAL REGISTERED AGENT AND STREET</u> ADDRESS

The name and address of the Incorporator and the Initial Registered Agent to these Articles of Incorporation is:

Nancy Stephens 11445 Moccasin Gap Road Tallahassee, FL 32309

Signature/Incorporator

6/27/03 Date

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 no full duties, and I am familiar with and accept the obligation of my position as registered agent.

Signature/Registered Agent

6/27/03 Date