

NI 0000000246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

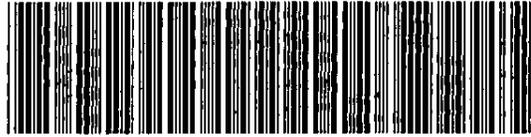
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10 JAN 11 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6-12-10 [Signature]

COVER LETTER

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

SUBJECT: PAWS FOR VETS 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: Michele M. Malloy
Name (Printed or typed)

1419 Welton Rd.
Address

Orlando FL 32837
City, State & Zip

407-888-8432 cel 407-405-7120
Daytime Telephone number

shelby Malloy@cfl.rr.com
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

PAWS FOR VETS Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1419 Welton Rd.
Orlando, Fl. 32837

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To raise money for the purpose of training service dogs. To be given to disabled Veterans for help in Rehabilitation. Balance Dogs Hearing assistance Dogs, Emotional Support Dogs (P.T.S.)

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

once a year I will evaluate our needs and appoint who we need.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

Michele Malloy Founder and Director
John Malloy Sr. Fund Raiser
1419 Welton Rd. Orlando, Fl 32837

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Michele Malloy
1419 Welton Rd.
Orlando, Fl. 32837

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michele M. Malloy
1419 Welton Rd
Orlando, Fl. 32837

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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.

Michele M. Malloy Michele M. Malloy
Signature/Registered Agent

1/8/10
Date

Michele M. Malloy Michele M. Malloy
Signature/Incorporator

1/8/10
Date