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COVER LETTER

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

SUBJECT: SUNSHINE STATE PAPILLON CLUB, 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 CO	PY REQUIRED

FROM: VALERIE L. GARCIA

Name (Printed or typed)

7701 QUAIL HOLLOW BLVD.

Address

WESLEY CHAPEL, FL 33544

City, State & Zip

813-394-7949

Daytime Telephone number

HONEYKYST@MSN.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 The name of	of the corporation shall be: SUNSHINE STATE PAPIL	LON CLUB, INC.	_
ARTICLE			
_2	• •	Mailing address, if different is: UAIL HOLLOW BLVD.	
N	MYAKKA CITY, FL 34251 WESL	EY CHAPEL, FL 33544	
l	JS US		
ARTICLE The purpos BUT N	E III PURPOSE se for which the corporation is organized is: NOT LIMITED TO, THE IMPROVEMENT O	NTERPRISES INCLUDIN F THE PAPILLON DOG	IG,
BREE	ED.		
		14 SEP-	0 Nate:1/15 134335
		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
		를 <u>무</u>	18년 <u>-</u> 18년 -
<u>ARTICLE</u>	EIV MANNER OF ELECTION The manner in which the direct		<u> 설립</u>
PER TH	HE BYLAWS		2
ARTICL	E V INITIAL OFFICERS AND/OR DIRECTORS		
Name and Tit	PRESIDENT - LOIS HORAN-ALBRITTON Name and Title:	PRESIDENT - BARBARA WALLACE	
Address		B FIFTH AVE.	
		IIGH ACRES, FL 33936	
Name and	Title: TREATH TITLE: TREATH TITLE: TREATH TITLE: TREATH TITLE: TREATH TR	ASURER - VALERIE L. GARCIA	
Address		1 QUAIL HOLLOW BLVD.	
	ZEPHYRHILLS, FL 33539 WES	SLEY CHAPEL, FL 33544	
Name and	Title: DIRECTOR/BOARD - LORI LANDIS Name and Title: DIRECTOR	CTOR/BOARD - CYNTHIA SPRINGER	
Address	0007 40 4714 07075741	SO. COUNTRY CLUB DRIVE	
		LANTIS, FL 33462	

Name and Title	DIRECTOR/BOARD - E. LOUISE SHELTON	Name and Title:
Address	5625 92 AVENUE N.	Address:
	PINELLAS PARK, FL 33782	
Name and Title		Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT Florida street address (P.O. Box NOT accept	ntable) of the registered agent is:
Name:	VALERIE L. GARCIA	plante) of the registered agent is.
Address:	7701 QUAIL HOLLOW B	BLVD.
	WESLEY CHAPEL, FL 3	33544
ARTICLE VI	I INCORPORATOR address of the Incorporator is:	
Name:	VALERIE L. GARCIA	
Address:	7701 QUAIL HOLLOW B	BLVD.
	WESLEY CHAPEL, FL 3	33544
		of process for the above stated corporation at the place designated in this is registered agent and agree to act in this capacity
<u>Noi</u>	Required Signature of Registered	Agent S S Date
	ocument and affirm that the facts stated here ent of State constitutes a third degree felony of	ein are true. I am aware that any false information submitted in a document as provided for in s.817.155, F.S.
Da	Required Signature of Incorp	porator S26/14