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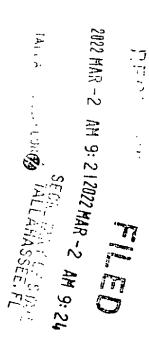
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| Special Instructions to I | Filing Officer: | |
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Office Use Only



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COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 PETWORKING PROJECT INC. SUBJECT: (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for : □\$78.75 □ \$87.50 **570.00** □ \$78.75 Filing Fee, Filing Fee & Filing Fee Filing Fee Certificate of & Certified Copy Certified Copy & Certificate Status ADDITIONAL COPY REQUIRED NANCY P. VALDERRUTEM CASTILLO FROM: Name (Printed or typed) 888 BRICKELL KEY DR APT 2508 Address

E-mail address: (to be used for future annual report notification)

MIAMI, FL 33131

INFO@JCBSOLUTIONSINC.NET

866-296-1833

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

City, State & Zip

Daytime Telephone number

ARTICLES OF INCORPORATION

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

| ARTICLE I NAME The name of the corporation shall be: PETWORKING PROJECT INC | | | | | |
|---|--|------------------------------------|--|--|--|
| ARTICLE II | PRINCIPAL OFFICE | | | | |
| 888 B | Principal <u>street</u> address: rickell Key Dr. # 2508 | | Mailing address, if different is: | | |
| Miam — | i, Florida 33131 | | | | |
| | r which the corporation is organized is: | | spreading the message of love, care and respect for pets | | |
| connect the pet | lover community and pet businesses and er | ntrepreneurs. | | | |
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| ARTICLE IV | | | ectors are elected and appointed: | | |
| Initial board o | of Directors will be appointed by the officer | s and founders of | the corporation. | | |
| ARTICLE V | INITIAL OFFICERS AND/OR DIRECTO | <u>ORS</u> | | | |
| Name and Title: | Nancy P. Valderruten Castillo - Director | Name and Title | Vivian LLamas - Director | | |
| Address | 888 Brickell Key Dr. # 2508 | _ Address: | 888 Brickell Key Dr. # 2508 | | |
| _ | Miami, Fl. 33131 | _ | Miami, Florida 33131 | | |
| Name and Title | : | - Name and Title | | | |
| Address | | | (i) | | |
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| | | | |
| The nume and | <u>REGISTERED AGENT</u> Florida street address (P.O. Box NO | YT aggantable) of the registered aggr | • ia: |
| Name: | JC Business Solutions Inc | racceptable) of the registered agen | l is. |
| Address: | 7500 NW 25th ST Suite 237 | | |
| | Doral, FL 33122 | | |
| ARTICLE VII The name and | INCORPORATOR address of the Incorporator is: | | |
| Name: | Nancy P. Valderniten Castillo | | |
| Address: | 888 Brickell Key Dr. # 2508 | | |
| | Miami, Fl. 33131 | | |
| | I EFFECTIVE DATE: | | |
| Effective date, | if other than the date of filing: | (OP | FIONAL) to days prior or 90 days after the filing.) |
| Note: If the da | | et the applicable statutory filing rec | uirements, this date will not be listed as the |
| | n familiar with and accept the appoin | tme nt as registered agent and agree | ated corporation at the place designated in thi to act in this capacity |
| | | | 02/24/2022. |
| | Required Signature of Reg | gistered Agent | Date |
| I submit this do the Departmen | t of State constitutes a third degree fe | lony as provided for in s.817.155, F | iny false information submitted in a document to .S. |
| | Munica | 1 | 02 120 120 2 |