# DIFICE USE ONLY (Document #)

| LAZ <u>ARUS</u> | CORF | ORATE | <b>FILING</b> | SERVICE |
|-----------------|------|-------|---------------|---------|
|                 |      |       |               |         |

(Requester's Name)

3320 S.W. 87 AVENUE

(Address)

MÌAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

| DITTO T                 | ヘルプグルる          | Tens / Sporting           | of TIM                |
|-------------------------|-----------------|---------------------------|-----------------------|
| Composition Composition | 1X+DER          | My SE/V/(                 | E, IM                 |
| t⊄ uthormán a ma        | ,               | / (Docoment w)            | ,                     |
| (Corporation Name       | )               | (Document #)              | •                     |
|                         |                 |                           | -                     |
| (Corporation Name       | }               | (Document #)              | ALSE O                |
| (Corporation Name       | )               | (Document #)              |                       |
|                         | nie <u>2.00</u> | Certified Cop             |                       |
| Mail out Will wait      | Photocopy       | y Certificate of          | SINUMERION SINUMERION |
| NEW FILINGS             | ANIE            | NUMENTS                   |                       |
| Profit                  | Amendmen        | t                         |                       |
| NonProfit               | Resignation     | of R.A., Officer/Director |                       |
| . Limited Liability     | Change of I     | Registered Agent          |                       |
| Domestication           | Dissolution     | Withdrawal                |                       |
| Domestication           |                 |                           |                       |

| 100000<br>400000 | OTHER FILNGS     |   |
|------------------|------------------|---|
|                  | Annual Report    | ŀ |
|                  | Fictitious Name  |   |
|                  | Name Reservation |   |

| REGISTRATION/<br>QUALIFICATION |
|--------------------------------|
| Foreign                        |
| Limited Partnership            |
| Reinstatement                  |
| Trademark                      |
| Other                          |

900003247809--2 -05/11/00--01020--023 \*\*\*\*\*\*78.75 \*\*\*\*\*78.75

T BROWN MAY 1 1 2000

Examiner's Initials

### ARTICLES OF INCORPORATION OF

| PETER'S | TAXIDERMY | SERVICE. | INC. |
|---------|-----------|----------|------|
|         |           |          |      |

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

#### ARTICLE I -

#### CORPORATION NAME

The corporation's name shall be: PETER'S TAXIDERMY SERVICE, INC.

#### ARTICLE II

#### DURATION

This corporation shall exist perpetually unless dissolved according to Florida laws.

#### ARTICLE III

#### PURPOSE -

The corporation is organized for the purpose of engaging in any activity of business permited under the laws of the United States and the State of Florida.

## ARTICLE IV CAPITAL STOCK

The corporation is authorized to issue One hundred ( 100 ) shares of Five (\$5.00 ) par value Common Stock, which shall be designated "Common Shares".

#### ARTICLE V

#### PLACE OF BUSINESS

The principal place of business of said corporation shall be:

14084 SW 147 Court

Miami, Fl 33196

#### ARTICLE VI

#### NUMBER OF DIRECTORS

The number of Directors of this corporation, shall be no less than one (1) nor more than fifteen (15).

#### ARTICLE VII

#### BOARD OF DIRECTORS

The name and adresses of the first Board of Directors of this Corporation who shall hold office initially, are as follow:

| NAME: Pedro A. Martinez  |                 |
|--|-----------------|
| ADDRESS: 14084 SW 147 Ct   | •               |
| CITY: Miami STATE: FL Z.C.: 33196  |                 |
| NAME: Amada B. Martinez  | •               |
| ADDRESS: 14084 SW 147 Ct   | e               |
| CITY: Miami STATE: FL Z.C.: 33196  |                 |
| NAME:  |                 |
| ADDRESS:   | - ·             |
| CITY: STATE: Z.C.:   | •               |
| ARTICLE VIII   | -               |
| INCORPORATORS  |                 |
| The name and addresses of the incorporators signing these incorporation, are as follow:                    | Articles of the |
| NAME: Pedro A. Martinez TITLE: President   |                 |
| ADDRESS: 14084 SW 147 Ct   |                 |
| CITY: Miami STATE: FL Z.C.: 33196  |                 |
| NAME: Amada B. Martinez TITLE: Secretary   |                 |
| ADDRESS: 14084 SW 147 Ct .   |                 |
| CITY: Miami STATE: FL Z.C.: 33196  |                 |
| NAME:  | · ·             |
| ADDRESS:   |                 |
| CITY: STATE: Z.C.:   |                 |
| IN WITNESS WHEREOF, the undersigned subscriber(s) have ex<br>Articles of Incorporation, this 09 day of May | recuted these   |
| (Seal)   | (Seal)          |
| / Cmacka Hautra (Seal)   | (Seal)          |
| (Seal)   | (Seal)          |

| STATE O  | F FLORI | DA :                 |
|----------|---------|----------------------|
| COUNTY ( | OF MIAM | II DADE <sup>†</sup> |

Before me, a Notary Public authorized to take acknowledgement in the State and County set for above, personally appeared:

#### PEDRO A. AND AMADA B. MARTINEZ

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that they executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and county aforesaid, this 09 day of May of 2000.

Notary Public State of Florida at large.

> OFFICIAL NOTARY SEAL GEORGINA BALLINA NOTARY PUBLIC STATE OF FLORIDA COMMISSION NO. CC664575 MY COMMISSION EXP. JULY 16,2001

#### CERTIFICATE OF REGISTERED AGENT

OF

| PETER'S TAXIDERMY | SERVICE, | INC |
|-------------------|----------|-----|
|-------------------|----------|-----|

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:

FIRST: That PETER'S TAXIDERMY SERVICE, INC desiring to organize under the laws of the State of Florida with its principal office as indicated in the articles of incorporation at city of Miami ,

To: Pedro A. Martinez

County of Miami-Dade State of Florida , has named:

Located at: 14084 SW 147 Ct

City of: Miami County of: Miami- Dade

State of Florida.

at its Agent to accept service of process within this State.

#### ACKNOWL EDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position. I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

Registered Agent