

TRANSMITTAL LETTER

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

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-11/06/00--01100--016
*****87.50 *****87.50

SUBJECT:

Dog Bone, Inc

(Proposed corporate name - must include suffix)

FILED
00 NOV -6 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 of
Status

ADDITIONAL COPY REQUIRED

FROM:

Joni Simmons

Name (Printed or typed)

6227 Beaumont Ave

Address

Orlando Fla 32808

City, State & Zip

(407) 294-9524

Daytime Telephone number

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Dog Gone, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

6227 Beaumont Ave
Orlando Fl 32808

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Shares @ 1.00 per share
Joni Simmons - 100 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Joni Simmons
6227 Beaumont Ave Orlando Fl 32808

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Joni Simmons 6227 Beaumont Ave Orlando, Fl
32808

✓ Joni Simmons
Signature/Incorporator

09/19/00

Date

(An additional article must be added if an effective date is requested.)

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 my duties, and I am familiar with and accept the obligations of my position as registered agent

Joni Simmons
Signature/Registered Agent

09/19/00

Date

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