

PO1000027822

-12-01

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 3

600003852676--4
-03/14/01--01067--013
*****78.75 *****78.75

Subject: COMPANIONS UNLIMITED, INC.

Enclosed please are original and one (1) copy of
the articles of incorporation and a check for \$78.75
for Filing Fee & Certificate of Status.

FROM: COMPANIONS UNLIMITED, INC.
12001 NW 30TH PLACE
SUNRISE, FLORIDA 33323
(954)748-3722

FILED
2001 MAR 14 AM 10:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

3/19/01

FILED

ARTICLES OF INCORPORATION

2001 MAR 14 AM 10:12

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

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

COMPANIONS UNLIMITED, INC.

ARTICLE II PRINCIPAL OFFICE

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

12001 NW 30TH PLACE - SUNRISE, FLORIDA 33323

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 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

FREYDA KOPLOFF

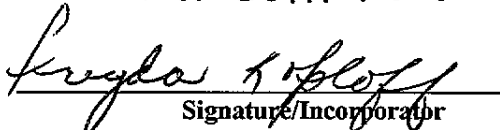
12001 NW 30TH PLACE - SUNRISE, FLORIDA 33323

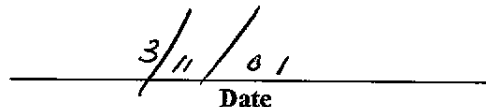
ARTICLE V INCORPORATOR

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

FREYDA KOPLOFF

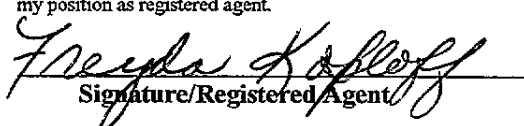
12001 NW 30TH PLACE - SUNRISE, FLORIDA 33323

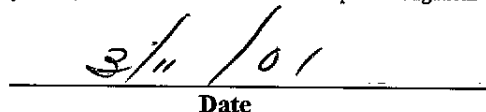

Signature/Incorporator


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.


Signature/Registered Agent


Date