

## TRANSMITTAL LETTER

# PO1000053069

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

SUBJECT: FRISKY BUSINESS, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

100004273411--0  
-05/21/01--01100--010  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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: ANTHONY V. NIEVES & LOREN E. BERRY  
Name (Printed or typed)

6071 MEDICI CT. #205  
Address

SARASOTA, FL. 34243  
City, State & Zip

941-351-6275  
Daytime Telephone number

2001 MAY 21 AM 9:34  
RECEIVED  
TALLAHASSEE FLORIDA

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

5/30/01

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be: **FRISKY BUSINESS, INC.**

2001 MAY 21 AM 9:34

STATE  
TALLAHASSEE FLORIDA

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: **6071 MEDICI CT. #205  
SARASOTA, FL. 34243**

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **A PET Daycare Center**

## ARTICLE IV SHARES

The number of shares of stock is: **100**

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

**ANTHONY V. NIEVES - President  
6071 Medici Ct. #205  
SARASOTA, FL. 34243**

**LOREN E. BERRY - Vice President  
404 Giovanni Dr  
Nokomis, FL. 34275**

**LISA A. NIEVES - TREASURE  
6071 Medici Ct. #205  
SARASOTA, FL 34243**

**Nancy A. Berry - Secretary  
404 Giovanni Dr  
Nokomis, FL. 34275**

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

**ANTHONY V. NIEVES  
6071 MEDICI CT. #205  
SARASOTA, FL. 34243**

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**ANTHONY V. NIEVES  
6071 MEDICI CT. #205  
SARASOTA, FL 34243**

\*\*\*\*\*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

**ANTHONY V. NIEVES**

Date

**5/16/01**

Signature/Incorporator

**ANTHONY V. NIEVES**

Date

**5/16/01**