## PO20000004660 TRANSMITTAL LETTER

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

SUBJECT:	SNIP-N-TIP (PROPOSED CORPORA)		3000047 -01/10/0 *****70 DDE SUFFIX)	)201092003
,	final and one (1) copy of the arti	eles of incorporation and	l a check for:	
¥ \$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM:	WANDA E	BURR (Printed or typed)		
	9333 BA			<u>SE</u> 02
	OCALA, FL 34472 City, State & Zip			
	(352) 620 Daytime T	elephone number	SEE, FLORIDA	LED N 9: 49

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

ARTICL	ES	OF	INCOL	RPOR	ATION

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

The name of the corporation shall be:

SNIP-N-TIP, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

9333 BAHIARD. OCALA, FL 34472

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

GROOMING SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

1.000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

WANDA F. BURR - PSTD 7333 BAHLARD OCALA, FL 3447Z

REGISTERED AGENT

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

OCALA FL 34472 ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

WANDA F. BURR 9333 BAHIA RD

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

Signature/Incorporator