Requester's Name Requester's Name Precutive Offices of Rosa & Associates 7310 W. McNab Road Suite #209 Tamarac, FL 33321 (954) 724-8310 Phone

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1.			
(Co	rporation Name)	(Document #)	₹
_			02 / VIII
2(Co	rporation Name)	(Document #)	-
			29
3.		,	
(Co	rporation Name)	(Document #)	
4) STATE GRID
4(Co	rporation Name)	(Document #)	
Walk in	Pick up time		Certified Copy
☐ Mail out	☐ Will wait	☐ Photocopy	☐ Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other		AMENDMENTS Amendment Resignation of Change of Regi Dissolution/Wi Merger	
OTHER FILING	<u>GS</u>	REGISTRATION/	QUALIFICATION
Annual Repo		Foreign Limited Partner Reinstatement Trademark Other	rship W-24109

Office Use Only

CR2E031(7/97)

Examiner's Initials



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

August 20, 2002

EXECUTIVE OFFICES OF ROSA & ASSOCIATES 7310 W MCNAB ROAD SUITE 209 TAMARAC, FL 33321

SUBJECT: ANIMAL ANTICS, INC. Ref. Number: W02000024109

We have received your document for ANIMAL ANTICS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the corporation's principal office and/or a mailing address in the document.

The name of the entity must be identical throughout the document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight Document Specialist New Filing Section

Letter Number: 602A00048923

ARTICLES OF INCORPATION

$\underline{\mathbf{OF}}$

ANIMAL ANTICS, INC.

The undersigned incorporator(s), for the purposes of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

ANIMAL ANTICS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 17773 90TH STREET NORTH LOXAHATCHEE, FL 33470

ARTICLE III CAPITAL STOCK

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

100

ARTICLE IV INITIAL REGISTERED AGENT

The name and address of the initial registered agent is:

STACEY MARINO 17773 90th STREET NORTH LOXAHATCHEE, FL 33470 PILED

02 AUG 29 PM 1: 00

SECRETARY OF STATE

ARTICLE V - INCORPORATORS

The names and address of the person(s) signed these Articles of Incorporation are as follows:

Name:

STACEY MARINO

Address:

17773 90th STREET NORTH

City:

LOXAHATCHEE State: FL

Zip: 33470

Name:

STACEY CICHEWICZ

Address:

17108 90th STREET NORTH

City:

LOXAHATCHEE State: FL

Zip: 33470

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this <u>25th</u> day of <u>JULY</u>, <u>2002</u>.

(Seal)

__(Seal)

STATE OF FLORIDA)
COUNTY OF BROWARD)

Before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared

STACEY MARINO & STACEY CICHEWICZ

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

IN WITNESS WHERE OF, I have hereunto affixed my hand and seal, in the State

and County aforesaid, this 25th day of JULY, 2002.

(Notary Public, State of Florida at lar

(Notary Seal)

MICHELLE ROSA-GONZALEZ
Notary Public - State of Florida
My Commission Expless Apr 25, 2008
Commission # DD 110679

Bonded By National Notary Assn.

My Commission expires: APRIL 26, 2006

B. Officers:

President: Name: STACEY MARINO Address: 17773 90th STREET NORTH

City: LOXAHATCHEE State: FL Zip: 33470

Vice President Name: STACEY CICHEWICZ

Address: 17108 90th STREET NORTH

City: LOXAHATCHEE State: FL Zip: 33470

(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

Name and Street address of Florida registered agent:

Name: STACEY MARINO

Office Address: 17773 90th STREET NORTH

City: LOXAHATCHEE State: FL Zip: 33470

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above state corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered agent's signature:

02 AUG 29 PM 1: 00
SECKETARY OF STATE
TALL AHASSIF FLORENA

<u>CERTIFICATE OF DESIGNATION</u> REGISTERED AGENT/REGISTERED OFFICER

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

		is: ANIMAL ANTICS エル色	
1	The name of the corneration	ic ANTMAL ANTICO, TO CO	٠.
1.	The name of the curburation	IS. AUTIVIAL AUTICS!	

The name and address of the registered agent and o	office i	and	agent a	registered	of the	address	The name and	2.
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STACEY MARINO
(Name)
17773 90th STREET NORTH
(P.O. Box NOT Acceptable)
LOXAHATCHEE, FL 33470
(City/State/Zip)
Signature: Duce Title: PRESHDENT Date: 7 30 02

Having been named as registered agent and to accept service of process for the above state 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 performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature:	In one	
Date:	7/30/02	IAT
	, ,	LAHA

REGISTERED AGENT FILING FEE: \$35.00

AUG 29 PM It no