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TRANSMITTAL LETTER

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

UBJECT:	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)
closed is an origin	al and one(1) copy of the artic	les of incorporation and a	a check for :
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM	SOSEPH Name (I	Printed or typed)	-A270TT
	33 H Ce	OSSING C	IRCLE
	BOYNETON City	BRACH, 7	11A33435
		2 340 Telephone number	

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

In compliance wi	in Chapter 607 and	of Chapter 021	1, 1 .5. (1 loin)		到少	THE THE
ARTICLE I The name of the o	NAME orporation shall be:				36.04	م م
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		JUS	T DOGS	AND I'V	ONE	_IV
ARTICLE II	PRINCIPAL O	FFICE				
The principal place	te of business/mailing	ng address is:	***			
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ARTICLE III	PURPOSE which the corporation	on is organized	is.		·	
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ر ARTICLE IV	SHARES ares of stock is:	100				
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