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(Re	equestor's Name)	··· <u> </u>
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PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	···-
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only

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October 6, 2003

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

Re: Barking Buddies Pet Sitting, Inc.

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with money order in the amount of \$78.75.

This represents the cost of the Filing Fees and Fee for Registered Agent Designation and Certified Copy for the above named corporation.

Very truly yours,

Sara A. Storms

President

Barking Buddies

Pet Sitting, Inc.

13634 82nd Street North

West Palm Beach, FL 33412

ARTICLE	S OF INC	CORPORATIO	N	
D D	of			
BARKING BUDDIES 1	rer	SITTING,	(NC	
(1	name of corp	poration)	, ,	
The undersigned acting as the incorporators of a country the following articles of incorporation for such corporation for such corporations are such corporations.	corporation ation:	under the Florida	Business Corporation	Act, adopt(s)
The name of the corporation is: BARKING BUDDIES		ORATE NAME	INC.	FILED 03 OCT 20 PM SECRETARY OF TALLAHASSEE
	TICLE II - D	PURATION		STATE FLORIDA
AR? The corporation is organized for the purpose of elunited States and the State of Florida.	TICLE III - A		rsiness permitted und	er the laws of the
The corporation is authorized to issue	CLE IV - CAIshares of c	PITAL STOCK common stock, pa	r value \$	per share.
ARTICLE V The street address of the initial principal office ar		RINCIPAL OFFICE		
STREET ADDRESS 13634 82ND	Jr.			
CITY W. PACM BLACH		FLORIDA	ZIP	35412
Mailing address, if different				
STREET ADDRESS	····	<u></u>		· :
			**	
CITY		FLORIDA	ZIP	
ARTICLE VI - INITIA	L REGISTE	RED OFFICE A	AND AGENT	
The street address of the initial registered off	fice and the	name of the init	ial registered agent	at the office is:
NAME SARA STORMS	· *** - * ***			
ADDRESS / 3/ 21/ 0> (2)				

CITY

PALM BEACH

FLORIDA

ZIP 33412

ARTICLE VII -	INITIAI	ROARD	OFI	MRFCTORS
71.11 1 1 1 LLC V 11 -	111111111	UUMA	1/1 L	ノメススンしょ とくれん

NAME SARA STORMS		
CITY W. PALM BEACH		
CITY W. PALM BEACH	STATE FLORIDA	ZIP 33412
NAME		
ADDRESS	100	<u>. </u>
СІТҮ	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME SARA STORMS	Articles of Incorporation are as fol	
NAME SARA STORMS ADDRESS 13634 82ND SM. CITY W. PAEM BENCH NAME ADDRESS	STATE FLORIDA	Z17 33412
ADDRESS 13634 82N3 SP. CITY W. PHEM BENCH NAME ADDRESS CITY		
ADDRESS 13634 82ND SP. CITY W. PHEM BENCH NAME ADDRESS CITY NAME	STATE FLORIDA	ZIP BZY12
ADDRESS 13634 82N3 SP. CITY W. PHEM BENCH NAME ADDRESS CITY	STATE FLORIDA	ZIP BZY12

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

 BARKING	Bunnies	s Per	SITTING, INC
 	(name of corporatio		

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 13634 82Nd ST.		
W. PALM BEACK, FL 33412-2365	F G	0
has named SARA STORMS	ECR	300
located at the aforesaid address, as its registered agent to accept service of process with	n His	120
state.	333 34 34 34	7
	FLOS) # } }

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.

Jana Storms 10-17-2003
(Signature) (Date)