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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

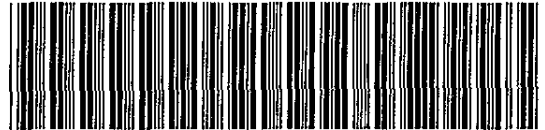
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: WraPet Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Michael Ames

Name (Printed or typed)

243 S. Fox Chase Point

Address

Longwood, Florida 32779

City, State & Zip

(407) 682-2083

Daytime Telephone number

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

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:

WraPet Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

243 S. Fox Chase Point
Longwood, FL 32779

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To manufacture and wholesale various pet products.

ARTICLE IV SHARES

The number of shares of stock is:

Ten thousand (10,000) shares of common stock,

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Michael Ames, President
243 S. Fox Chase Point
Longwood, FL 32779

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:


Michael Ames
243 S. Fox Chase Point
Longwood, FL 32779

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michael Ames
243 S. Fox Chase Point
Longwood, FL 32779


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

11/21/2004

Date



Signature/Incorporator

11/21/2004

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA