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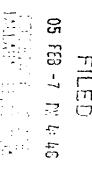
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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C.S. 2-14

TRANSMITTAL LETTER

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

BJECT: K9 Squ	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
closed are an orig	inal and one (1) copy of the arti	cles of incorporation and	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 PPY REQUIRED
FROM: Sha	astidy Ellerbusch	(Printed or typed)	
-	10409 Stone Glen Drive	Address	
9	Orlando, FL, 32825	State & Zip	
<u>.</u>	407-382-7036	elephone 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:

K9 Squared, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 10409 Stone Glen Drive Orlando, FL, 32825

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Retail

ARTICLE IV SHARES

The number of shares of stock is: 1000 @ .10 per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Shastidy Ellerbusch, 10409 Stone Glen Drive, Orlando, FL, 32825, PD Stuart Ellerbusch, 10409 Stone Glen Drive, Orlando, FL, 32825, STD

ARTICLE VI REGISTERED AGENT

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

Shastidy Ellerbusch, 10409 Stone Glen Drive, Orlando, FL, 32825

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Shastidy Ellerbusch, 10409 Stone Glen Drive, Orlando, FL, 32825