# P05000122999

(Requestor's Name)					
(Address)					
(Address)					
(Cit	y/State/Zip/Phoni	e #)			
PICK-UP	☐ WAIT	MAIL			
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(Do	cument Number)				
Certified Copies	Certificates	s of Status			
Special Instructions to I	Filing Officer:				
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#### **Charter Number Only**

Requestor's Name
Adverse
City State ZIP Phone

LIDATION ONLY

#### CORPORATION(S) NAME

Availability
Document
Examiner
Updater

Verifier

Acknowledgment

W.P. Verifier

Profit		
NonProfit	( ) Amendment	( ) Merger
) Foreign	( ) Dissolution	( ) Mark
) Limited Partnership	( ) Annual Report	( ) Other
) Reinstatement	( ) Reservation	( ) Change of Registered Agent
) Certified Copy	( ) Photo Copies	( ) Certificate Under Seal
) Call When Ready	( ) Call If Problem	( ) After 4:30
) Walk In (	) Will Wait (/ Pic	k Uo ( ) Mail Out

Timpire Toll Free: 1-800-432-3028

#### ARTICLES OF INCORPORATION

of

05 SEP -7 PM h: 17

	0007, 111, 11, 11
PAWS + RCLAX, INC. (name of corporation)	SECRETA MALAHASSES ELOPIOA
The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) of corporation under the laws of the State of Florida.	competent to contract, hereby form a
ARTICLE I - CORPORATE NAME  The name of the corporation is:	
PAWS a RELAX, INC.	
ARTICLE II - DURATION  This corporation shall exist perpetually unless dissolved according to Florida law.	
ARTICLE III - PURPOSE	
The corporation is organized for the purpose of engaging in any activities or busines. United States and the State of Florida.	ss permitted under the laws of the
The corporation is authorized to issue shares ( 5 shares ( 5 ) par value Common Stock, which shall be designated	of <u>ON-C</u> d "Common Shares".
ARTICLE V - INITIAL REGISTERED OFFICE AND	AGENT
The street address of the Initial Registered Agent office and the name of the Initial I	Registered Agent at that office is:
NAME BONNIE E. TAVENNER ADDRESS 3733 LOWSON BIVL.	
CITY DELRAY BEACH FLORIDA FL	ZIP 33445
The principal office, if known, or the mailing address of the corporation is:	
NAME BONNIE E. TAVENNER	
ADDRESS 3733 LOWSON BIVE.	
CITY DELPAY BEACH FLORIDA F	L ZIP 33445

#### ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have(						
NAME BONNIE E. TAVENNER						
ADDRESS 3733 LOWSON BIVL.						
CITY DELRAY BEACH	STATE	FL.	ZIP 33445			
NAME						
ADDRESS			·			
CITY	STATE		ZIP			
NAME						
ADDRESS						
CITY	STATE		ZIP			
The names and addresses of the incorporators signing these Articles of Incorporation are as follows:						
ADDRESS 3733 LOWSON BIVE	<del></del>					
CITY DELRAY BEACH	STATE		ZIP 33445			
NAME	JIAIL		ZIX 3.3 4 [3			
ADDRESS						
CITY	STATE		ZIP			
NAME	<del></del>		<del></del>			
ADDRESS						
CITY	STATE		ZIP			
IN WITNESS WHEREOF, the undersigned subscriber(s) have day of September. 2005	<b>,</b>	ese Articles of Incorporation t	his/ \$ t*(Seal)(Seal)			

## CERTIFICATE AND KNOWLEDGEMENTEP -7 PM http://or registered agent | 35054 + 17

### CERTIFICATE OF REGISTERED AGENT OF

PAWS	4	RelAX	INC	 	
		(name of co	orporation)		

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at	3733	Lo	WSON B	IVL.	
	Dell	RAY	Beach,	FL.	33445
has i	named	BONA	112 E. 7	AVENI	NCR
locat	ted at the a	foresa	id address, as	its Regist	tered Agent to accept service of process within
this	state.				

#### ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

Boune E. Tavenner
(registered agent)