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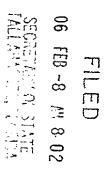
(Requestor's Name)
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CB. Fr

COVER LETTER

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

SUBJECT: ANIMAL ZONE (PROPOSED CORPORA)	INC.	
(PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and	l a check for:
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL CO	JPY REQUIRED
FROM: ALEXANDER & PA Name	MAIA MITIC (Printed or typed)	
	Address ろつせ State & Zip	
(727) 593-53; Daytime T	elephone number	

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

ARTICLES OF	INCORPORA	TION	_			
In compliance with	Chapter 607 and/	or Chapter 621, F.S	. (Profit)	FII	ED	
ARTICLE I	VAME	A	ندرو م			
The name of the corp	oration shall be:	ANIMAL	ZONE			
				SECRETARY TALLAHASSI	OF STATE EE, FLORIDA	
ARTICLE II F		FICE				
The principal place o	t business/mailing	g address is: (4)	166 W 1240, 1	ILDW00D FL. 337	DRIVE	
ARTICLE III F The purpose for whi		n is organized is:	PET P	RETAIL '	STORE	
ARTICLE IV The number of shares		,000				·
ARTICLE V I			RECTORS			
ALEXANDER			DAM	AI A MITH	, VICE PRE	ESING YE
14766 WILD	•				DEIV	
VARGO, FL.	33774			40, FZ. 3		
ARTICLE VI				,		
The name and Flori		•	ceptable) of (he registered age	at is:	
	DIND SISK					
	FL . 335					
ARTICLE VII	INCORPORAT	FOR	-			
The <u>name and addr</u>						
	100000					
	L- 33774					
*******	******	******			*****	
Having been named as a certificate, I am familiar	registered agent to a with and accept the	ecept service of process appointment as registere	for the above : ed agent and ag	stated corporation as ree to act in this cap	the place designates acity	d in this
Olexan	de Mi	tre	-	65.1	03/06	
Signature/	Registered Agent				Date	
Ullseusel	or The	w		021	03/06	
Signature	Incorporator			-· <u></u>	Date	