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JECKE IARY OF STATE TALLAHASSEE, FLORIDA

. 09 MAR 10 AHII: 2

COVER LETTER

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

ест: <u></u>	(PROPOSED CORPOR	FOUR LIL	PAWS IN
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ed are an orig	inal and one (1) copy of the art	ticles 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
		ADDITIONAL CO	Status
FROM:	PAMELA S	EHUTE e (Printed or typed)	
1496	52 TALON	Address	······
		B.H., FL	32459
	850-534-	8572	

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME The name of the corporation shall be: FOUR LIL PAWS	INC.
ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is:	
52 TALON WAY SANTA ROSA B.C., FL The purpose for which the corporation is organized is: HEALTH PRODUCTS	_ 3245°
ARTICLE IV SHARES The number of shares of stock is: //O	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): PAMELA SEHUTTE PRESIDENT 5AME AS ABOUT	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: DAUID SCHUTTE 52 TALON WAY SRB, FL 32459 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: PAMELA SCHUTTE 52 TALON WAY SANTA ROSA BCH, FL 32459	09 MAR 10 AM II: 22 JESKE FARY OF STATE FALLAHASSEE, FLORIDA
Having been named as registered agent to accept service of process for the above stated corporation at the processificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Signature/Registered Agent Date	tace designated in this