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# Florida Department of State

Division of Corporations Public Access System

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# FLORIDA PROFIT/NON PROFIT CORPORATION

#### PETS DAY OUT MIAMI INC

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J. Shivers SEP 1 5 2009 9/11/2009 5:04 PM

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#### **ARTICLES OF INCORPORATION**

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

## ARTICLE I - NAME

THE NAME OF THE CORPORATION SHALL BE:

PETS DAY OUT MIAMI

RY OF STATE SEE. FLORIDO

#### ARTICLE II - PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS CORPORATION SHALL BE:

14725 NE 9th CT MIAMI FL 33161

#### **ARTICLE III - SHARES**

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

100

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

VERONICA BECKHAM
14725 NE 9+h CT
MIAMI FL 33161

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### **ARTICLE V - INCORPORATOR**

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THE ARTICLES OF INCORPORATION IS:	ESE		
LILIANA VALERIA ALVEZ 14725 NE 914 CT			
14725 NE 919 CI			
MIAMI FL 33161			
THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES OF INCORPORATION THIS			
OF INCORPORATION THIS DAY OF SEPTEMBER, 200 9	200 TAL		
Biliano V. aut.	2009 SEP   L SECRETARY   TALLAHASSEI		
SIGNATURE '	EE, F		
ARTICLE VI - DIRECTOR(S)	2: 50 STATE LORIDA		
THE NAME(S) AND STREET ADDRESS (ES) OF THE DIRECTOR(S) I	ſΛ		

THE NAME(S) AND STREET ADDRESS (ES) OF THE DIRECTOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

VERONICA BECKHAM (PRESIDENT) LILIANA VALERIA ALVEZ (V. PRESIDENT

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATED TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

REGISTERED AGENT SIGNATURE