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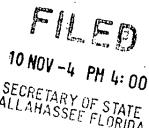
COVER LETTER

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

SUBJECT: CRITTER COPS FL, INC.			
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)			
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:			
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
	ADDITIONAL COPY	REQUIRED	
FROM: JAMES P. BUCKLEY Name (Printed or typed)			
5862 EAGLE CAY CIRCLE Address			
COCONUT CREEK, FL 33073 City, State & Zip			
954-696-8581 Daytime Te	elephone number	 	
JPDiver579@yahoo.com E-mail address: (to be used	for future annual report noti	fication)	

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 CRITTER COPS FL, INC. The name of the corporation shall be: PRINCIPAL OFFICE ARTICLE II Mailing address, if different is: Principal street address 5862 EAGLE CAY CIRCLE COCONUT CREEK, FL 33073 ARTICLE III PURPOSE The purpose for which the corporation is organized is: WILDLIFE REMOVAL SERVICES. ARTICLE IV SHARES The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: JAMES P. BUCKLEY Name and Title: PRESIDENT Address: 5862 EAGLE CAY CIRCLE Address: 5862 EAGLE CAY CIRCLE COCONUT CREEK, FL 33073 COCONUT CREEK, FL 33073 _____ Name and Title: Name and Title: Address: Address: Name and Title: Name and Title: Address: Address: ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: JAMES P. BUCKLEY Address: 5862 FAGLE CAY CIRCLE COCONUT CREEK, FL. 33073 ARTICLE VII INCORPORATOR The <u>name and address</u> of the Incorporator is: Name: JAMES P. BUCKLEY 5862 EAGLE CAY CIRCLE Address: COCONUT CREEK, FL 33073 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Required Signature/Incorporator

11-1-10 Date