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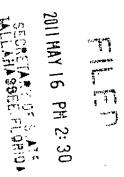
(Requesto	r's Name)	<u> </u>
(Address)		
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(City/State	/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Business	Entity Name)	
(Documen	t Number)	<u></u>
Certified Copies	Certificates of S	Status
Special Instructions to Filing C	Officer:	

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COVER LETTER

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

SUBJECT:	DUR DOGINN I	NC.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation an	d a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL C	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED	f
FROM:	JANNETTE Name	FAUST (Printed or typed)	··	
	14802 S.W.	256 STRE	ET	
	A	Address	-2+4	*
	HOMESTEAD City,	FL. 330 State & Zip	232	2011 HAY 16
	305-257		(a)	,
	·	elephone number	اندر اندر غرار	PH 2
	Biljan 7	gaol.com		2: 30
	E-mail address: (to be used	i for future annual report	nouncation) 👱 '	. 0

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 The name of the co	NAME rporation shall be: OUR DOGINA	1, INC.	
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing address, if different is:	
-	14802 S.W. 256 ST. HOMESTEAD, FL 33032		
ARTICLE III	PURPOSE		
The purpose for w	hich the corporation is organized is: Dog bo	parding services.	
ARTICLE IV The number of share	es of stock is: / O O		
	INITIAL OFFICERS AND/OR DIRECTORS tie: JANNETTE FAUST-OWNER Nam	ne and Title:	
Address:	CEO Add	lress:	
	14802 S.W. 256 ST. HOMESTEAD, FL 33032		
•	•		
Name and Ti Address:	ile: WILLIAM FAUST - DIRECTOR Nam		
7 10010351	14802 S.W. 256 ST.		
	HOMESTEAD, FL 33032		
Name and Ti	tle: Nam		
Address:	Add	lress:	
			
ARTICLE VI	REGISTERED AGENT		
	rida street address (P.O. Box NOT acceptable) of the reg	gistered agent is:	<u> </u>
Name:	WILLIAM FAUST		**************************************
Address:			1 7 2. क्ष्या
	•		
ARTICLE VII	INCORPORATOR	50 · 2	7
Name:	Iress of the Incorporator is: JANNETTE FAUST	<u> </u>	
Address:	14802 5 W. 256 ST. HOMESTEAD, FL 3703	2	
this certificate, I ar	ed as registered agent to accept service of process for the appointment as registered		n
// //	llian Faust	5/11/11	
	Illiam Faust Required Signature/Registered Agent	Date	
I submit this docu	ment and affirm that the facts stated herein are true. I epartment of State constitutes a third degree felony as pro		a
· Aa-	TITE DAY	5/1/11	
- Jak	Required Signature/Incorporator	5/11/11 Date	



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 6, 2011

JANNETTE FAUST 14802 SW 256 STREET HOMESTEAD, FL 33032

SUBJECT: OUR DOG INN, INC. Ref. Number: W11000025384

We have received your document for OUR DOG INN, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

You must list at least one incorporator with a complete business street address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6924.

Sharon Collins Regulatory Specialist II New Filing Section

Letter Number: 011A00011226