

DEC/29/2011/THU 02:12 PM

Division of Corporations

FAX No.

P. 001

Page 1 of 1

P11000109191

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H11000304370 3)))



H110003043703ABCT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 DEC 29 AM 9:29

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
MIAMI CANINE SERVICES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
11 DEC 29 PM 3:25

Electronic Filing Menu Corporate Filing Menu Help

PS 12/30/11

DEC/29/2011/THU 02:12 PM

FAX No.

FILED 002
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

11 DEC 29 AM 9: 29

ARTICLE I NAME MIAMI CANINE SERVICES, INC
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
8835 SW 107 AVENUE
MIAMI, FL 33176

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
TO TRANSACT ANY AND ALL LAWFULL BUSINESS

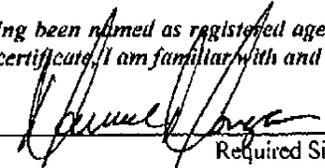
ARTICLE IV SHARES
The number of shares of stock is: 200 SHARES (TWO HUNDRED SHARES) EACH \$ 1.00 PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: MANUEL MORAGA Name and Title: _____
Address: 8835 SW 107 AVENUE Address: _____
MIAMI, FL 33176
Name and Title: _____ Name and Title: _____
Address: _____ Address: _____
Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

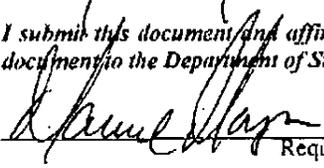
ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: MANUEL MORAGA
Address: 8835 SW 107 AVENUE
MIAMI, FL 33176

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: MANUEL MORAGA
Address: 8835 SW 107 AVENUE
MIAMI, FL 33176

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 Date: 12/27/2011

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 Date: 12/27/2011