## P 2000 1386

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



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<u>02/01/12--01021--005</u> \*\*78.75

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SECRETARY OF STATE

95 2/4/12

## **COVER LETTER**

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

SUBJECT: ABK-9 I	nc
(PROPOSED CORPORA	ATE NAME – <u>MUST INCLUDE SUFFIX</u> )
Enclosed are an original and one (1) copy of the art	ticles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75  Filing Fee & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED
	<u> </u>
FROM: Adam Kod Nam	ish e (Printed or typed)
3262 Laurel	
West Palm beach	L FL 33404 , State & Zip
330-957-440 Daytime 7	Celephone number
	all. Com ed for future annual report notification)

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)

FILED SECRETARY OF STATE MS

ARTICLE I NAME ARK	9 Inc.
The name of the corporation shall be: HDN 1	12 FEB - 1 PM 12: 41
ARTICLE II PRINCIPAL OFFICE Principal street address	Mailing address, if different is:
3262 Laurel Ridge C	
West Palm Beach, Fl	
ARTICLE III PURPOSE	en v
The purpose for which the corporation is organized	Dog Services
ADDITOUR WE GIT ADDITO	
The number of shares of stock is:	
Name and Title: Abam Kobtsh, F	
Address:	Address:
32 62 Laurel Ridge West Palm Beach of	
- · · · · · · · · · · · · · · · · · · ·	
	Name and Title:  Address:
Name and Title:	Name and Title:
	Address:
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NO Name: Abam KONTSH	T acceptable) of the registered agent is:
Address: 3262 Laurel Ridge	
West Palm Bouch	PC 33404
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
Name: Dela Dela	ndo
Address: 1946 Bentwide 4 Houston, TX 776	<u>-1</u> )77
	ervice of process for the above stated corporation at the place designated in
this certificate, I am familiar with and accept the app	cointment as registered agent and agree to act in this capacity
J 44	1.25.12
Required Signature/Regist	ered Agent Date
	ated herein are true. I am aware that the false information submitted in a
document to the Department of State constitutes a thi	
TAUN/J	orporator Date
Required Standarfe/Inco	orporator Date