

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

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FLORIDA DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION**PetLand Group, Group.**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$78.75 |

Electronic Filing Menu

Corporate Filing Menu

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

H14000035277**ARTICLE I NAME**The name of the corporation shall be: PETLAND GROUP, CORP.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

24005 SW 167 AVEREDLAND, FLORIDA 33031**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Maria Eugenia Vivas (P)

Name and Title: _____

Address

24005 SW 167 AVE

Address: _____

REDLAND, FLORIDA 33031Name and Title: Andrea Vivas (VP)

Name and Title: _____

Address

24005 SW 167 AVE

Address: _____

REDLAND, FLORIDA 33031

Name and Title: _____

Name and Title: _____

Address

Address: _____

14 FEB 12 AM 9:42

SECRETARY OF STATE
DIVISION OF CORPORATIONS**H14000035277**

H14000035277

(conti.)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

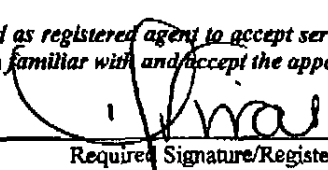
ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Maria Eugenia Vivas
Address: 24005 SW 167 AVE
REDLAND, FLORIDA 33031

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Marla Eugenia Vivas
Address: 24005 SW 167 AVE
REDLAND, FLORIDA 33031

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 Agent02/12/2014_____
Date

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/Incorporator02/11/2014_____
Date**H14000035277**