

21/2014

Division of Corporations

Florida Department of State
Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION
CARIBBEAN DOGS K-9 CONCEPT & ADVICE NV INC.

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

STATE
TALLAHASSEE, FLORIDA

16 MAY 21 PM 3:54

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[Handwritten signature]
5-22-14

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, P.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: CARIBBEAN DOGS K-9 CONCEPT & ADVICE NV INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1000 PONCE DE LEON BLVD STE 105CORAL GABLES, FL 33134**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: SHARES: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: WILLEM VAN BAREN (P/S/D)

Name and Title: _____

Address: 1000 PONCE DE LEON BLVD

Address: _____

STE 105CORAL GABLES, FL 33134

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

14 MAY 20 11:10:00

CLERK OF COURT
DIVISION OF #125081110-0

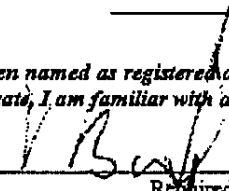
(conti.)

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: WILLEM VAN BARENAddress: 1000 PONCE DE LEON BLVD STE: 105CORAL GABLES, FL 33134**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: WILLEM VAN BARENAddress: 1000 PONCE DE LEON BLVD STE 105CORAL GABLES, FL 33134

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

05-21-2014

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/Incorporator

05-21-2014

Date