

MAY/21/2014 03:41 PM

FAX No:

P. 001/003

5/21/2014

Division of Corporations

P14000045251

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
USA FINEST K-9 INC.

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

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FAX No.

P. 002/003

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

2014 MAY 21 PM 12:57

ARTICLE I NAME

The name of the corporation shall be: **USA FINEST K-9 INC.**

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

1000 PONCE DE LEON BLVD

STE: 105

CORAL GABLES, FL 33134

Mailing address, if different is:

SAMES

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 105

CORAL GABLES, FL 33134

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

MAY/21/2014/WED 03:45 PM

FAX No.

P. 003/003

SECRETARY OF STATE
DIVISION OF CORPORATE REGISTRATION

2014 MAY 21 PM 12:57

(cont.)

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: WILLEM VAN BAREN
Address: 1000 PONCE DE LEON BLVD STE: 105
CORAL GABLES, FL 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: WILLEM VAN BAREN
Address: 1000 PONCE DE LEON BLVD STE 105
CORAL 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

[Signature]
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.

[Signature]
Required Signature/Incorporator

05-21-2014
Date