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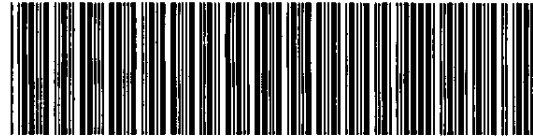
(Business Entity Name)

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SUBJECT: **Complete Canine Connection Corp.**

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

RETURN Certified Here ✓
FROM: **Michael J Daniels**

Name (Printed or typed)

6719 Bobby Jones Ct

Address

Palmetto Florida 34221

City, State & Zip

9417237564

Daytime Telephone number

hlpa1@verizon.net

E-mail address: (to be used 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)

ARTICLE I NAME

The name of the corporation shall be: Complete Canine Connection Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6371 Business Blvd.

Suite 200

Sarasota FL 34221

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All legal purposes.

ARTICLE IV SHARES

The number of shares of stock is: 500,000,000 Common and 1 Blank Check Preferred

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael J Daniels, PSTD Name and Title: _____

Address 6719 Bobby Jones Ct Address: _____

Palmetto FL 34221

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE, FLORIDA

(conti.)

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: Diane J Harrison Esq
Address: 8955 US Highway 301 N. No 203
Parrish FL 34221


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Name: Michael J Daniels
Address: 6719 Bobby Jones Ct
Palmetto FL 34221

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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

 07/21/2014
Required Signature/Registered Agent 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.

 07/21/2014
Required Signature/Incorporator Date