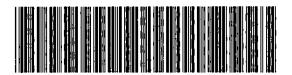
P15000033190

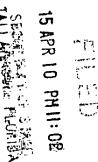
(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



600270939096

03/25/15--01011--005 **78.75



WS-21676

March 20, 2015

I am the owner of the dissolved corporation titled Four Good Dogs, Inc.

I have no intentions of reinstating but rather create a new corporation with the same title/name of

Four Good Dogs, Inc.

The officers will rename as previous.

Thank you,

Hector Castellanos

hector @ CPR and Safety Training

813-323-5541

COVER LETTER

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

_{SUBJECT:} ⊢OU	ir Good Dogs, Inc		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the arti	cles of incorporation and	d a check for:
☐ \$70.00 Filing Fee	· · · · · · · · · · · · · · · · · ·	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL COPY REQUII	
		(Printed or typed)	
3	025 N. Adams St		
		Address	
T	ampa, FL 33611		
	City,	State & Zip	
8	13-323-5541		
	Daytime T	elephone number	
h	ector@cprandsaf	etytraining.ne	et
	E-mail address: (to be use	d for future annual report	notification)

NOTE: Please provide the original and one copy of the articles.



15 APR 10 AH 11:47

FLORIDA DEPARTMENT OF STATE Division of Corporations

March 30, 2015

HECTOR CASTELLANOS 3025 N ADAMS ST TAMPA, FL 33611

SUBJECT: FOUR GOOD DOGS, INC.

Ref. Number: W15000021676

We have received your document for FOUR GOOD DOGS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please fill out these forms to submit your articles of incorporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason Regulatory Specialist II

Letter Number: 115A00006230

www.sunbiz.org

District Comment of DO DOV COOF William Florida 9993

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

611 <u>SE</u> Any ar		
<u>™</u> Any ar		
orporation is organized is:	nd all lawful b	ousiness.
OFFICERS AND/OR DIRECTOR	_	
025 N. Adams St	_ Name and Title:	15 15 h
ampa, FL 33611		PR I O
		PH III
•		
	_	
	ector Castellanos, President D25 N. Adams St ampa, FL 33611 sa Castellanos, VP	ector Castellanos, President D25 N. Adams St ampa, FL 33611 Sa Castellanos, VP Name and Title: Name and Title: Address: Address: Address: Address: Address: Address: Address:

Name and	Title:	Name and Title:	
Address		Address:	
ARTICLE VI The name and Flo	REGISTERED AGENT rida street address (P.O. Box NOT acceptable) of	of the registered agent is:	
Name:	Hector Castellanos		
Address:	3025 N. Adams St	-	
	Tampa, FL 33611	_	
ARTICLE VII	INCORPORATOR		
The name and add	dress of the Incorporator is:		
Name:	Hector Castellanos	_	
Address:	3025 N. Adams St		
	Tampa, FL 33611	_	
Having been nam this certificate, I a	ed/as registered agent to accept service of proces in familiar with and accept the appointment as re	s for the above stated corpora gistered agent and agree to ac	tion at the place designated in t in this capacity
LIST Y	X .		4-5-15
	Required Signature/Registered Agent		Date
I submit this docu document to the D	ment and affirm that the facts stated herein are evalument of State constitutes a third degree felo	true. I am aware that the fal ny as provided for in s.817.155	se information submitted in a i, F.S.
			4-5-15 Date
	Required Signature/Incorporator		Date
			15 A

SPEN TO PHII: UE