

(Re	equestor's Name)	
	dress)	
(Au	u.ess)	
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·
(Ci	ry/State/Zip/Phone	(A
(Cit	.y/State/Zip/Phone i	")
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(= ::		-,
(Do	cument Number)	
Certified Copies	Certificates of	of Status
	_	
Special Instructions to	Filing Officer:	
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15 JUN 28 PH 2: 38

COVER LETTER

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

SOBJECT.	dd Dogs Inc. (PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	rinal and one (1) copy of the ar	ticles of incorporation and	l 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 CO	

FROM: Timothy McClure
Name (Printed or typed)
2734 NE 14th Street
Address
Fort Lauderdale, FL 33304
City, State & Zip
561-729-4800
Daytime Telephone number
tpmcclure@att.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)

ne name of the corpor			
RTICLE II PRINCIPAL OFFICE Principal street address		Mailing address, if different is:	
2734 NE 14th			
ort Lauderd	ale, FL 33304		
·	410,112 00001		
RTICLE III PUR ne purpose for which CONSTRUCTION (the corporation is organized is: This co	rporation is fo	or the purpose of
	,		
RTICLE IV SH	ARES 100		
RTICLE IV SHA	ARES 100		
		 S	
RTICLE V INI	TIAL OFFICERS AND/OR DIRECTOR		
RTICLE V INI	TIAL OFFICERS AND/OR DIRECTOR e: Timothy McClure	Name and Title:	
RTICLE V INI	tial officers and/or director e: Timothy McClure 2734 NE 14th Street		
RTICLE V INI	TIAL OFFICERS AND/OR DIRECTOR e: Timothy McClure	Name and Title:	
RTICLE V INI	tial officers and/or director e: Timothy McClure 2734 NE 14th Street	Name and Title:	55
Name and Titl Address	TIAL OFFICERS AND/OR DIRECTOR Timothy McClure 2734 NE 14th Street Fort Lauderdale, FL 33304	Name and Title:	15 JUN 23
Name and Title Name and Title	TIAL OFFICERS AND/OR DIRECTOR E. Timothy McClure 2734 NE 14th Street Fort Lauderdale, FL 33304	Name and Title: Address: Name and Title:	15 JUN 28 PI
Name and Titl Address	TIAL OFFICERS AND/OR DIRECTOR Timothy McClure 2734 NE 14th Street Fort Lauderdale, FL 33304	Name and Title: Address: Name and Title:	15 JUN 28 PH 2:
Name and Title Name and Title	TIAL OFFICERS AND/OR DIRECTOR E. Timothy McClure 2734 NE 14th Street Fort Lauderdale, FL 33304	Name and Title: Address: Name and Title: Address:	15 JUN 28 PH
Name and Title Name and Title	TIAL OFFICERS AND/OR DIRECTOR Timothy McClure 2734 NE 14th Street Fort Lauderdale, FL 33304	Name and Title: Address: Name and Title: Address:	15 JUN 28 PH 2:
Name and Title Address Name and Title Address	TIAL OFFICERS AND/OR DIRECTOR Timothy McClure 2734 NE 14th Street Fort Lauderdale, FL 33304	Name and Title: Address: Name and Title: Address:	15 JUN 28 PM 2: 32
Name and Title Address Name and Title Address	TIAL OFFICERS AND/OR DIRECTOR Timothy McClure 2734 NE 14th Street Fort Lauderdale, FL 33304	Name and Title: Address: Name and Title: Address: Name and Title:	15 JUN 28 PM 2: 32
Name and Title Address Name and Title Address	TIAL OFFICERS AND/OR DIRECTOR Timothy McClure 2734 NE 14th Street Fort Lauderdale, FL 33304	Name and Title: Address: Name and Title: Address: Name and Title:	15 JUN 28 PM 2: 32

Name an	d Title:	Name and Title:	
Address		Address:	
ARTICLE VI The name and FI	<u>REGISTERED AGENT</u> orida street address (P.O. Box NOT acceptable) of Timothy McClure	f the registered agent is:	
Name:	2734 NE 14th Street	-	
Address:	Fort Lauderdale, FL 33304	-	
ARTICLE VII	INCORPORATOR		
	Idress of the Incorporator is: Timothy McClure		
Name:	2734 NE 14th Street		
Address:	Fort Lauderdale, FL 33304	• •	
this certificate, I a	ned as registered agent to accept service of process am familiar with and accept the appointment as regional familiar with and accept the appointment as regional familiar with an accept the appointment as regional familiar with a familiar		
I submit this doci	•	true. I am aware that the false information submit	
	Required Signature/Incorporator	6/16/2 Dalin 22 P	<u>015</u>