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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H180001212303ABCS

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800)221-2972
Fax Number : (888)692-9256

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

FETCH Nutrition Incorporated

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

RECEIVED
2018 APR 19 PM 4:32
DIVISION OF CORPORATIONS
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2018 APR 19 AM 10:10
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April 18, 2018

FLORIDA DEPARTMENT OF STATE

Division of Corporations
BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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

Nadira D McClees-Sams
Regulatory Specialist II

FAX Aud. #: H18000121230
Letter Number: 218A00007864

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: FETCH Nutrition Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8453 Firefox CV

8453 Firefox CV

Orlando FL, 32835

Orlando FL, 32835

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Samoyed Breeder and Trainer

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carrie Collier - Director

Name and Title: _____

Address 8453 Firefox CV

Address: _____

Orlando FL, 32835

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2018 APR 19 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: Carrie Collier
Address: 8453 Firefox CV
Orlando FL, 32835

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Carrie Collier
Address: 8453 Firefox CV
Orlando FL, 32835

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 4/17/2018 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Carrie Collier
Required Signature/Registered Agent

04/09/2018

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.

Carrie Collier
Required Signature/Incorporator

04/09/2018

Date