# P19000080298

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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SECRETARY OF STAFE TALEARDA

FILED

SCT 28 2019

K BILLHINEY

## **CORPORATE** \*ACCESS, INC.

#### When you need ACCESS to the world

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

### **WALK IN**

PICK UP: 10/24/2019					
	CERTIFIED COPY				
хx	РНОТОСОРУ				
	CUS				
xx	FILING	INC			
1.	4 DOGS INC.				
	(CORPORATE NAME AND DOCUMENT	· #)			
2.					
	(CORPORATE NAME AND DOCUMENT	(#)			
3.					
	(CORPORATE NAME AND DOCUMENT	· #)			
1.					
•	(CORPORATE NAME AND DOCUMENT	#)			
5.					
<b>.</b>	(CORPORATE NAME AND DOCUMENT	· #)			
•					
<b>5.</b>	(CORPORATE NAME AND DOCUMENT				
SPECIA INSTRU	L JCTIONS:				

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

ARTICLE I NAME The name of the corporat	ion shall be:			
ARTICLE II PRINC	IPAL OFFICE Principal <u>street</u> address	Mailing :	address, if different is:	
11800 SW 112th Avenue		SAME	SAME	
Miami, FL 33176		<del></del>		
ARTICLE III PURPO The purpose for which the	NSE K- ne corporation is organized is:	9 Resorts - Dog Daycare Franchis	c	
			2019 OCT SEL-SEA PALL SHA	
			FILE SEE	
ARTICLE IV SHARE The number of shares of			FIL I: 49	
	L OFFICERS AND/OR DIRECTO			
Name and Title	Dennis McGinley	Name and Title:	nt/Secretary/Treasurer/Director	
Address	11800 SW 112th Avenue			
	Miami, FL 33176			
		<u> </u>		
Name and Title:	<u></u>	Name and Title:		
Address				
			<u>.</u>	
Name and Title:		Name and Title:		
Address		Address:		
	<del></del>			

•	•			
Name and Title:		Name and Title:		
Addres	ıs	Address:		
			<del></del>	
	REGISTERED AGENT			
The name and i	Forida street address (P.O. Box NOT acceptable) of	the registered agent is:		
Name:	Dennis McGinley			
Address:	11800 SW 112th Avenue			
	Miami, FL 33176			
4071C1 E 1/11	(NCODROD 4TA)			
ARIKLEYH	<u>INCORPORATOR</u>			
The name and a	ddress of the Incorporator is:			
Name:	Deborah Rappaport			
Address:	1180 Welsh Road, Suite 280			
	North Wales, PA 19454			
ADTICI E VIII	_EFFECTIVE DATE:			
Effective date, if	f other than the date of filing:	(OPTIONAL)		
(If an effective a filing.)	date is listed, the date must be specific and cannot	be more than five days prior or 90 days after	the	
Note: If the date	e inserted in this block does not meet the applicable st	tatutory filing requirements, this date will not be	listed as	
the document se	effective date on the Department of State's records.			
Having been na	med as registered agent to accept service of process j	for the above stated comparation at the place de-	<del>io</del> nated in	
this certificate, I	am familiar with and eccept the ap	ad agent and agree to act in this capacity	egnered in	
	/Dennis McGinle	10/24/2019		
	Required Signature/Registered Agent	Date		
I submit this doe	cument and affirm that the facts stated herein are to	rue. I am aware that the false information sub-	nitted in a	
document to the	Department of State constitutes a third degree felony	as provided for in s.817.155, F.S.	······································	
De	bornd Responst Deborah Rappay	port 10/24/2019		
Requ	ired Signature/Incorporator	Date	<del></del>	

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