

**P200000513775**

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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H200000512923ABCV

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To:

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

From:

Account Name : M. BURR KEIM COMPANY  
 Account Number : I19990000242  
 Phone : (215)563-8113  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**FLORIDA PROFIT/NON PROFIT CORPORATION**

**aKuarela k9care Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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**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. aKuarela k9care Inc.

**ARTICLE II PRINCIPAL OFFICE**Principal street address  
7745 SW 144th Street  
Palmetto Bay, FL 33158Mailing address, if different is  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is To provide superior care and grooming for dogs

**ARTICLE IV SHARES**

The number of shares of stock is 100,000

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Mariano Espinosa, Director Name and Title: Ida Celia Espinosa, Director

Address: 7745 SW 144th Street Address: 7745 SW 144th Street

Palmetto Bay, FL 33158 Palmetto Bay, FL 33158

Name and Title: Mariano Espinosa, President Name and Title: Ida Celia Espinosa, Vice President

Address: 7745 SW 144th Street Address: 7745 SW 144th Street

Palmetto Bay, FL 33158 Palmetto Bay, FL 33158

Name and Title: Mariano Espinosa, Treasurer Name and Title: Ida Celia Espinosa, Secretary

Address: 7745 SW 144th Street Address: 7745 SW 144th Street

Palmetto Bay, FL 33158 Palmetto Bay, FL 33158

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Name and Title \_\_\_\_\_ Name and Title \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

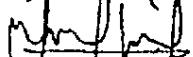
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P O Box NOT acceptable) of the registered agent isName Mariano Espinosa  
\_\_\_\_\_  
Address 7745 SW 144th Street  
\_\_\_\_\_  
Palmetto Bay, FL 33158  
\_\_\_\_\_**ARTICLE VII INCORPORATOR**The name and address of the Incorporator isName Mariano Espinosa  
\_\_\_\_\_  
Address 7745 SW 144th Street  
\_\_\_\_\_  
Palmetto Bay, FL 33158  
\_\_\_\_\_**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing \_\_\_\_\_ (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

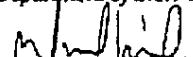
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.*

\_\_\_\_\_  
Required Signature/Registered Agent

02-13-2020

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.*

\_\_\_\_\_  
Required Signature/Incorporator

02-13-2020

Date

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