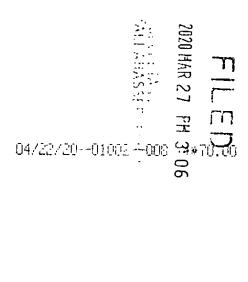
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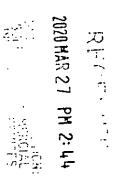
(Red	questor's Name)			
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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## **COVER LETTER**

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

	(PROPOSED CORPORA	TE NAME - MUST INCLUDE	SUFFIX)
losed are an origir	nal and one (1) copy of the ar	ticles of incorporation ar	nd a check for:
X \$70.00	\$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
riing ree	& Certificate of Status	& Certified Copy	Certified Copy
	& Certificate of Status	a Certified Copy	& Certificate of
			Status
		ADDITIONAL COR	
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			2020 HAR
FROM: MAGI	DELINE GONZALEZ CPA, MST	<b>D</b> : A 1	
	Name (i	Printed or typed)	30 D
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8360	W FLAGLER STREET SUITE 206	Addis	27 \$333 \$333
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8360		Address	27 PH
	II, FLORIDA 3344		27 PH
	II, FLORIDA 3344	Address , State & Zip	27 \$333 \$333
MIAM	II, FLORIDA 3344 City		27 PH
MIAM	II, FLORIDA 3344 City 225-1592		27 PH
MIAM	II, FLORIDA 3344 City 225-1592	, State & Zip	27 PH
MIAM (305)	II, FLORIDA 3344 City 225-1592	, State & Zip	27 PH

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)

The name of the corpo	oration shall be: R & C PUPPY SHOPS IN	C	
ARTICLE II PRINC Principal <u>s</u> 8376 SW 8 STREET	IPAL OFFICE treet address		Mailing address, if different is:
Miami, FL 33144			
ARTICLE III PURP		sact any and all busing	ess permitted under the
laws of the United Stat	es of America and of the State of Florida.		
			20: -XI
			ASS AN T
			\$27
			-PH -
			ب ب <u>ب</u>
		Name and Title:	CARLOS AMADOR SANCHEZ, V-P
Address:	8376 SW 8 STREET	Address:	17620 ATLANTIC BLVD, UNIT 112
	MIAMI, FLORIDA 33144		SUUNY ISLES BEACH, FL 33160
Name and Title:		Name and Title:	
Address:			
		- <del></del> -	
Name and Title:		Name and Title:	
Address:			
		<del>_</del>	
		<del></del>	

Name and	itle:	Name and Title:			
Address		Address:			
	GISTERED AGENT rida street address (P.O. Box NOT acceptable) of t	he registered agent is:			
Name:	RANDY DOMINGUEZ				
Address:	8376 SW 8 STREET				
	MIAMI, FLORIDA 33144				
ARTICLE VII _IN	<u>CORPORATOR</u>				
The name and add	Iress of the Incorporator is:				
Name:	RANDY DOMINGUEZ				
Address:	8376 SW 8 STREET				
	MIAMI, FLORIDA 33144				
	FFECTIVE DATE: ner than the date of filing: e is listed, the date must be specific and cannot be				
Note: If the date i	nserted in this block does not meet the applicable state is effective date on the Department of State's rec				
	d as registered agent to accept service of process for am familiar with and accept the appointment as regis ——	the above stated corporation at the place designated stered agent and agree to act in this capacity			
	Required Signature/Registered Agent	3/20/20			
		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.					
		3,20,20			
<u></u>	Required Signature/Incorporator	Date			