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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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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

SUBJECT:	PEKIN WOOF I	Ll'.		
Enclosed are an orig	ginal and one (1) copy of the a	TATE NAME - MUST INCL rticles of incorporation and		
□ \$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	ADDITIONAL COPY REQUIRED	

ROM:	ISAAC MARCONIS
	, Name (Printed or typed)
	PEKIN WOOF INC. 27420-JANZEN COURT
	27420-JANZEN COURT
	Address
	ENGLEWOOD FL 34223
_	/ City, State & Zip
	(360) 220 - 5226
_	Daytime Telephone number
	1
	PEKINGESE_1@YAHOO.COH_
	E-mail address: (to be used for future annual report notification)
	•
	• '
	NOTE: Please provide the original and one copy of the articles.

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)

TICLE IV SHARES THAT I SHARES THE SHARE STANDOR DIRECTORS Name and Title: Address Address:	RTICLE 1 NAME ne name of the corporation shall be: PEK	KIN LUDOF INC	! .		
TICLE IV SHARES number of shares of stock is:			Mailing address, if different is:		
TICLE IV SHARES mainber of shares of stock is:	27420 JANZEN COURT				
TICLE IV SHARES number of shares of stock is:		223			
Name and Title: Address Name and Title: Name and Title: Address Name and Title: Address Name and Title: Address Address:	/ TICLE III PURPOSE purpose for which the corporation is organize	ed is: <u>PROVIDING</u>	EDUCATIONAL		
Name and Title: Address Name and Title: Address Address: Name and Title: Name and Title: Address: Name and Title: Address: Name and Title: Name and Title: Address: Name and Title:	DAMINE VIDEOS / SI	<u> </u>			
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Name and Title: Name and Title: 72 Address Address: 73	Address	Address:			
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Address Address:	Nama and Titler	Name and T	Citle:		
Address Address.			N		
	Address	Address:			

Name and Title:	Name and Title:		
Address	Address:		
<u>ARTICLE VI REGISTERED AGENT</u> The name and Florida street address (P.O. Bo	ox NOT acceptable) of the registered agent is:		
	CONIS		
	ZEN COURT		
ENGLEWOOT	FL 34223		
<u> ARTICLE VII - INCORPORATOR</u>			
The name and address of the Incorporator is:	2.0		
Name: ISAAC MAI	<u>CCONIS</u>		
Address: <u>27420 JH</u>	WZEN COURT		
ENGLEWO	UD, 1-134223		
ARTICLE VIII _EFFECTIVE DATE: Effective date, if other than the date of filing:	e specific and cannot be more than five day of meet the applicable statutory filing requirem	s prior or 90	
the document's effective date on the Departme			
Having been named as registered agent to accep certificate, I am familiar with and accept the ap	ot service of process for the above stated corpor pointment as registered agent and agree to act	in this capaci	Ų.
Gara Maccons	Registered Agent	8	128/20
			Date
l submit this document and affirm that the fa- document to the Department of State constitute:	cts stated herein are true. I am aware that th s a third degree felony as provided for in s.817.	e false inforn 155, F.S.	ution submitted it
Required Signature/Incorporator		_3	128/20
Required Signature/Incorporator		Date	329
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