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(((H21000423550 3)))



H210004235503ABOW

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name

: LAMADRID FINANCIAL SERVICES CORP

Account Number : 120200000059 Phone

: (954)727-9771

Fax Number

: (954)727-9773

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

FLORIDA PROFIT/NON PROFIT CORPORATION HAPPY DOG PET CARE INC

Certificate of Status	1
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Electronic Filing Menu

Corporate Filing Menu

<H210004235503>

Help

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November 17, 2021

FLORIDA DEPARTMENT OF STATE

LAMADRID FINANCIAL SERVICES CORP Division of Corporations

SUBJECT: HAPPY DOG PET CARE INC

REF: W21000148679

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 shee

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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

Tyrone Scott Regulatory Specialist II New Filings Section

FAX Aud. #: H21000423550 Letter Number: 521A00027913

(FAX TRANSMISSION) 1918586176381 From: 19547279773 Pages: 5

COVER LETTER

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

STEP WAR HAPP	V DOG DET CADE INC				
SUBJECT: HAPPY DOG PET CARE INC (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
Enclosed are an orig	inal and one (1) copy of the artic	les of incorporation and	a check for:		
□ \$70.00 Filing Fee	Ø \$78.75	□ \$78.75	□ \$87.50		
rung ree	Filing Fee & Certificate of Status	Filing Fee	Filing Fee,		
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of		
		ADDITIONAL CO	Status PV DEOUDED		
	ADDITIONAL COPY REQUIRED				
FROM: WILLIAM A TOD HUNTER Name (Printed or typed)					
	rvanc (rimed or typed)			
729 SW 7TH ST					
Address					
FORT LAUDERDALE, FL 33315					
City, State & Zip					
920-205-0420					
	Daytime Telephone number				
ploy@lomodridfings.inl.					
alex@lamadridfinancial.com E-mail address: (to be used for future annual report notification)					
(

NOTE: Please provide the original and one copy of the articles.

(FAX TRANSMISSIPHITTO 18596176383 50m: 18647279773 Pages: 5

ARTICLES OF INCORPORATION

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

	<u>CIPAL OFFICE</u>		
	Principal street address	Mailing add	ress, if different is:
729 SW 7TH ST FORT LAUDERDALE, FL 33315		729 SW 7TH ST FORT LAUDERDALE, FL 33315	
			3 3 1 7 0 V
			07
			7
			-
<u> </u>		· · · · · · · · · · · · · · · · · · ·	
	AL OFFICERS AND/OR DIRECTORS		
Name and Title	e: WILLIAM A TOD HUNTER	Name and Title: PRESID	ENT
Name and Title	e: WLLIAM A TOD HUNTER 729 SW 7TH ST	Address:	ENT
	e: WLLIAM A TOD HUNTER	Address:	
Address	e: WLLIAM A TOD HUNTER 729 SW 7TH ST	Address:	
Address	e: WILIAM A TOD HUNTER 729 SW 7TH ST FORT LAUDERDALE, FL 33315	Address: Name and Title:	
Address Name and Title	E: WILLIAM A TOD HUNTER 729 SW 7TH ST FORT LAUDERDALE, FL 33315	Address: Name and Title:	
Address Name and Title Address	E: WILLIAM A TOD HUNTER 729 SW 7TH ST FORT LAUDERDALE, FL 33315	Address: Name and Title: Address:	

(FAX TRANSMISSION TO 18676/78680 From: 19547279773 Pages: 5

Name	and Title:	Name and Title:
Addre		Address:
ARTICLE VI	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of	Col
Name:	LAMADRID FINANCIAL SERVICES CO	DRP S
Address:	1265 S PINE ISLAND RD	W0 W
	PLANTATION, FL 33324	70 V
<u>ARTICLE VII</u>	INCORPORATOR	7 PH
The name and	address of the Incorporator is:	<u>.</u>
Name:	WILLIAM A TOD HUNTER	٠ 06
Address:	729 SW 7TH ST	_
	FORT LAUDERDALE, FL 33315	-
Effective date, i (If an effective filing.)		t be more than five days prior or 90 days after the
Note: If the dat the document's	te inserted in this block does not meet the applicable effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as
Having been na certificate, I am	med as registered agent to accept service of process for familiar with and accept the appointment as register.	or the above stated corporation at the place designated in this ed agent and agree to act in this capacity
		11/16/2021
	Required Signature/Registered Agent	Date
I submit this do document to the	ocument and affirm that the facts stated herein are Department of State constitutes a third degree felong	true. I am aware that the false information submitted in a vas provided for in s.817.155, F.S.
WILLIAM A	TOD HUNTER	11/16 <i>[</i> 2021
	ture/Incorporator	Date

< H210004235503>