Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

from:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 : (305)552-5973 Phone ; (305)675-5944 Fax Number

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

Email Address:_

FLORIDA PROFIT/NON PROFIT CORPORATION MOLI'S PET GROOMING CORP.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$78.75 |

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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 is: |
|---|
| Moli's Pet Growning Corp. |
| ARTICLE II PRINCIPAL OFFICE: |
| The principal street address and mailing address is: |
| 939 New 201 lave Peubooke Pines |
| 939 NW 201 lane Pendooke Pines |
| |
| ARTICLE III SHARES: The number of shares of stock is: |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: |
| - Consuelo Molinares (P) |
| |
| 202 |
| .027 J.::124 |
| 2 |
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| |
| The name and Florida street address (PO Box not acceptable) of the registered agent is: |
| Consuelo Molinares |
| 939 NW 201 LN |
| Pembroke Pines FL 33029 |
| |
| ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: |
| OT BOETO |
| 939 NW 201 LN |
| Pembroke Pines FL 33029 |

Required Signatures:

| Having been named as registered agent to accept service corporation at the place designated in this certificate, I appointment as registered agent and agree to the service of the service | am familiar with and accept the |
|--|---------------------------------|
| X Molletin | 1/18/2022 |

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.

Ullullaur 1/18/2023
Incorporator Date

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