

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : L & R INTERNATIONAL FIRM INC
Account Number : 120200000026
Phone : (786)413-4344
Fax Number : (305)222-9004

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
4 DOGS PAW CORP

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

RECEIVED

2022 MAY -4 PM 1:38

DIVISION OF CORPORATIONS
BUSINESS & COMMERCIAL
REGISTRATION SERVICES

2022 MAY -4 PM 8:02

FILED

COVER LETTER

H22000161528 3

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

SUBJECT: 4 DOGS PAW CORP
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$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 COPY REQUIRED

FROM: LAURA M VIEIRA
Name (Printed or typed)
6921 NW 173RD DRIVE APT 205H
Address
HIALEAH, FL 33015
City, State & Zip
786 - 714 - 8731
Daytime Telephone number
E-mail address: (to be used for future annual report notification)

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

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H22000161528 3

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

H22000161528 3

ARTICLE I NAMEThe name of the corporation shall be: 4 DOGS PAW CORP**ARTICLE II PRINCIPAL OFFICE**

Principal street address
6921 NW 173RD DRIVE APT 205H
HIALEAH, FL 33015

Mailing address, if different is:
6921 NW 173RD DRIVE APT 205H
HIALEAH, FL 33015

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: LAURA M VIEIRA / PRESIDENT

Name and Title: _____

Address 6921 NW 173RD DRIVE APT 205H
HIALEAH, FL 33015

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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CLERK OF DISTRICT COURT
STATE OF FLORIDA

H22000161528 3

H22000161528 3

Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ADA I PEREZ
 Address: 8410 WEST FLAGLER ST STE 205
MIAMI, FL 33144

ARTICLE VII INCORPORATORThe name and address of the incorporator is:

Name: ADA I PEREZ
 Address: 8410 WEST FLAGLER ST STE 205
MIAMI, FL 33144

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 05 / 03 / 2022 (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

 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

 Date

H22000161528 3