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CORPORATE ACCESS, _____

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	CERTIFIED COPY		
XX	РНОТОСОРУ	<u></u>	
	GS		
XX	FILING	INC	
]	DOGANICS 1 INC.		
(CORPORATE NAME AND DO	CUMENT #)	
	CORPORATE NAME AND DO	CUMENT #)	
·		COMENT II)	
	CORPORATE NAME AND DO	CUMENT #)	
	CORPORATE NAME AND DO	TIMENT #)	
·			
(CORPORATE NAME AND DO	CUMENT #)	
	CORPORATE NAME AND DO	CHARRYT #A	

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

ARTICLE I NAME The name of the corpora		oganics I Inc.			
6039 Marsh Trail D	leiva	Principal street addre		Mailing address, if d	ifferent is:
Odessa, FL, 33556 ARTICLE III PURPO The purpose for which t	he corporation is		aw ful purpose		2024 July 17 A
	stock is: 200 LOFFICERS AN	ND/OR DIRECTORS		V 15 :	AH 8: 55
Name and Title Address	Tejas Patel 6039 Marsh Trai Odessa, FL, 335		Name and Title:	6039 Marsh Trail. Odessa, FL, 33556	Drive
Name and Title:_ Address	6039 Marsh Tr Odessa, FL,335	ail Drive 556	_		
Name and Title:_ Address _					
- -					

Name and Title:		Name and Title:		
Address		Address:		
				
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable	e) of the registered agent is:		
Name:	Tejas Patel	o) of the registered again is:		
Address:	6039 Marsh Trail Drive			
	Odessa, FL, 33556			
ADDICE CALL				
	INCORPORATOR			
The name and ad	dress of the Incorporator is: Tejas Patel			
Name:				
Address:	6039 Marsh Trail Drive			
	Odessa, FL, 33556_			
ARTICLE VIII	EFFECTIVE DATE:			
Effective date, if other than the date of filing:		(OPTIONAL)		
(If an effective danseling.)	ate is listed, the date must be specific and ca	nnot be more than five days prior or 90 days after the		
Note: If the date	inserted in this block does not meet the applica	ble statutory filing requirements, this date will not be listed as		
the document's ef	fective date on the Department of State's recor	ds.		
Having been name	ed as registered agent to accept service of proces	ss for the above stated corporation at the place designated in this		
certificate, I am fa	miliar with and accept the appointment as regis	• • •		
	Required Signature/Registered Agent	1117123		
) Required Signature/Registered Agent	Date		
I submit this docu document to the D	ment and affirm that the facts stated herein a epartment of State constitutes a third degree fel	tre true. I am aware that the false information submitted in a long as provided for in s. 817.155, F.S.		
Tiev	as Rotel	1117172		
Required Signatur	/Incorporator	Date 11112		