

PL40000² 8486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

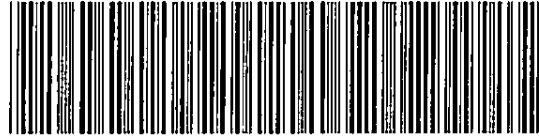
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300427945673

04/24/24--01006--010 **70.00

RECEIVED FILED

2024 APR 24 AM 10:31
2024 APR 24 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FL
TALLAHASSEE, FL

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

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

PICK UP: BROOK 4/24

CERTIFIED COPY

XX PHOTOCOPY

GS

XX FILING

INC

1. BARKTAILS 1 INC.

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

FILED
2024 APR 24 AM 9:47
TALLAHASSEE, FL
U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: BarkTails I Inc.

ARTICLE II PRINCIPAL OFFICE Principal street address

Mailing address, if different is:

19247 N Dale Mabry Hwy STE 0010

4614 Avenue Longchamps

Lutz, FL, 33548

Lutz, FL, 33558

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any lawful purpose

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nirav Patel- President Name and Title: Dhiraj B Desai- Vice President

Address 4614 Avenue Longchamps Address: 4614 Avenue Longchamps

Lutz, FL, 33558 Lutz, FL, 33558

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
2024 APR 24 AM 9:47
CLERK OF COURT
HILLSBORO COUNTY, FL

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

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Nirav Patel
Address: 19247 N Dale Mabry Hwy, Suite 0010
Lutz, FL, 33548

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Dhiraj B Desai
Address: 19247 N Dale Mabry Hwy, Suite 0010
Lutz, FL, 33548

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

Nirav Patel
Required Signature/Registered Agent

4/23/24
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.

Dhiraj B Desai
Required Signature/Incorporator

4/23/24
Date

FILED
2024 APR 24 AM 9:47