## PARAGORIS

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 97 JUL II AMII: 54 TALLAHASSEE, FLORIDA

SUBJECT:	Kennals			
	(Proposed corporate name - must include suffix)			

200002235892--1 -07/11/97--01062--005 \*\*\*\*\*70.00 \*\*\*\*\*\*70.00

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

ADDITIONAL COPY REQUIRED

FROM: Steven C. Herrmann

Name (Printed or typed)

GOZ Astarias Circle SW

Address

Ft Myers FL 33919

City, State & Zip

(941) 489-0927

Daytime Telephone number

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

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## ARTICLES OF INCORPORATION

97 JUL 11 AM 11:55

The undersigned incorporator, for the purpose of forming a corporation under the Florida City IARY CF STATE Business Corporation Act, hereby adopts the following Articles of Incorporation. TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Kennals Etc., Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

602 Astarias Circle SW

Ft. Myers, FL 33919

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

<u>ARTICLE</u> IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Steven C. Herrmann 602 Astarias Circle SW

Ft. myers, FL 33919

ARTICLE V **INCORPORATOR** 

The name and address of the incorporator to these Articles of Incorporation are:

Steven C. Herrmann

GOZ Astarias Circle SW

Ft. Myers, FL 33919

Signature/Incorporator

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all stanutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of the position as registered agent

Signature/Registered Agent