# TRANSMITTAL LETTER SECRETARY OF STATE VISION OF CORPORATIONS artment of State

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

. SUBJECT:	Dog E D'Tails Company  (Proposed corporate name - must include suffix)		
			9000022561 -08/04/97010 ****131.25 *
Enclosed is an original a	and one(1) copy of the articles	s of incorporation and a	check for :
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	S122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED
FROM:	Deborah H. Davison		
TAOM.	Name (Printed or typed)		
_	184 Vista Oak Drive		
	Address		
	Longwood, Florida 32779		
_	City, State & Zip		
	(407) 897-3215		
_	Daytime Telephone number		

8-6.97



## ARTICLES OF INCORPORATION

97 AUG -4 AM 9: 37

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be:

Dog E D'Tails Company

# ARTICLE II PRINCIPAL OFFICE

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

184 Vista Oak Drive Longwood, Florida 32779

### ARTICLE III SHARES

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

1,000

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Deborah H. Davison 184 Vista Oak Drive Longwood, Florida 32779

# ARTICLE V INCORPORATOR

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

Deborah H. Davison 184 Vista Oak Drive Longwood, Florida 32779

Deborats IJ. Dayso	7130197	
Signature/Incorporator	Date	

(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 statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Deborah W. Dayso	7/30/97	
Signature/Registered Agent	Date	