TRANSMITTAL LETTER Requested) 17000089223

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

SUBJECT:	Scally Wags (Proposed corpor	Tnc. rate name - must include su	ffix)	
Finctored is an original	and ang(1) cany of the article			56704 -01053007 5 *****78.75
\$70.00 Filing Fee	and one(1) copy of the article \$78.75 Filing Fee & Certificate	Sol incorporation and a \$122.50 Filing Fee & Certified Copy ADDITIONAL CO	\$131.25 Filing Fee, Certified Copy & Certificate	
FROM:	646 NE 2	HANKS rinted or typed) ND PLACE Address	TALLAKA SSEE	97 OCT 16 A
7-23442	DANIA, FL	33004 State & Zip	FLORIDA	16 MII: 31
Ome /97	(954) 923-9 Daytime T	1417 Telephone number		

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

FILED

ARTICLES OF INCORPORATION

97 OCT 16 AM II: 31

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

SECRE OF UP STATE TALLAMASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Scally Wags, Inc.

ARTICLE II PRINCIPAL OFFICE

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

646 NE QND PLACE DANIA, FL 33004

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Deborah L. HANKS 646 NE 2ND PLACE DANIA, FL 33004

ARTICLE V INCORPORATOR

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

Deborah L. HANKS 646 NE QND PLACE DANIA, FL 33004

Ruborah J. Hanks

10-9-97

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 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

Signature/Registered Agent

10-9-97

Date