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

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SUBJECT:	PET	PROFESSIONALS CHOICE, INC.	
		(Proposed corporate name - must include suffix)	
		•	
Enclosed is	an origi	nal and one (1) copy of the articles of incorporation and a check	
for:		\$78.75 \$122.50 \$131.25	
[X] \$	70.00	\$78.75 \(\) \$122.50 \(\) \$131.25	
	FRO	M BRIAN FROHNE	
	1110	Name (printed or typed)	
		195 PINE KNOLL COURT	
		Address See So	
		\mathcal{C}_{i}	
		CASSELBERRY, FL 32707	
		Casselberry, FL 32707 City, State & Zip	'
		(407) 695-6820	
		Daytime Telephone number	

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

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

PET PROFESSIONALS CHOICE, INC.



ARTICLE II PRINCIPAL OFFICE

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

195 PINE KNOLL COURT CASSELBERRY, FL 32707

ARTICLE III SHARES

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

1,000

+2+2

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

BRIAN FROHNE 195 PINE KNOLL COURT CASSELBERRY, FL 32707

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

BRIAN FROHNE 195 PINE KNOLL COURT CASSELBERRY, FL 32707

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

29th day of DECEMBER 19 97

Signature

Signature

Articles of Incorporation Filing Fee - \$35

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The	name of the corporation is: PET PROFESSIONALS CHOICE, INC.
2. The	e name and address of the registered agent and office is:
	BRIAN FROHNE
	(Name)
	195 PINE KNOLL COURT
	(P.O. Box not acceptable)
	CASSELBERRY, FL 32707
	(City/State/Zip)

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)

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