

P98000032800
TRANSMITTAL LETTER

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

600002482556--8
-04/08/98-01059-017
*****78.75 *****78.75

SUBJECT: PAWS Incorporated
(Proposed corporate name - must include suffix)

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

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: ERIC and STACEY MAYBERRY
Name (Printed or typed)

1704 Suponic Ave
Address

SARASOTA FL 34243
City, State & Zip

941-753-3834
Daytime Telephone number

FILED
98 APR -8 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

9/4-9-98

ARTICLES OF INCORPORATION

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: PAWS Incorporated

ARTICLE II PRINCIPAL OFFICE

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

1704 Suponic Ave SARASOTA FL 34243 -

ARTICLE III SHARES

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

10,000 - Ten Thousand

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Eric Stanley MAYBERRY ~~2000~~

1704 Suponic Ave. SARASOTA FL 34243

ARTICLE V INCORPORATOR

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

STACEY MAYBERRY + ERIC MAYBERRY

1704 Suponic Ave SARASOTA FL 34243


Signature/Incorporator

3-18-98
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


Signature/Registered Agent

3-18-98
Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA