TRANSMITTAL LETTER

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

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SUBJECT: All Paws Mobile Veterinary Care, (Proposed corporate name - must include suffix) Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$131.25 \$122.50 \$78.75 Filing Fee, Filing Fee Filing Fee Filing Fee Certified Copy & Certified Copy & Certificate & Certificate ADDITIONAL COPY REQUIRED FROM: Registered Corporate Agents, Inc. Name (Printed or typed) 612 S. Greenwood Ave. Address Clearwater, FL 33756 City, State & Zip 813-447-9546

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

Daytime Telephone number

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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.

NAME ARTICLE I

The name of the corporation shall be:

All Paws Veterinary Care, Inc.

ARTICLE II PRINCIPAL OFFICE

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

9525 Orange Grove Dr., # 3 Tampa, FL 33618.

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

10,000 Shares Authorized

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Dr. Lori Drourr 9525 Orange Grove Dr., Tampa, FL 33618

INCORPORATOR ARTICLE V

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

Registered Corporate Agents, Inc. 612 S. Greenwood Ave. Clearwater, FL 33756

/Signature/Incorporator

President

(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 Ldown

Signature/Registered Agent