PJJOOO30748

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 SUBJECT: PET CARE CENTER. (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 \$78.75 ■ \$131.25-Filing Fee Filing Fee Films Fee Filing Fee, & Certified Copy & Certificate Certified Copy & Certificate ADDITIONAL COPY REQUIRED FROM: _Duk Y. Kim, DVM Name (Printed or typed) 2522 NE Capital Circle, Unit #5 Address Tallahassee, FL 32308 City, State & Zip 850-386-8723 Daytime Telephone number

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

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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.

ARTICLE I NAME

The name of the corporation shall be:

PET CARE CENTER, INC.,

SECRETARY OF STATE

APPROVED

ARTICLE II PRINCIPAL OFFICE

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

2522 NE Capital Circle, Unit #5 Tallahassee, F1 32308

ARTICLE III SHARES

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

100 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Duk Y. Kim, DVM 2522 NE Capital Circle, Unit #5 Tallahassee, F1 32308

ARTICLE V INCORPORATOR

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

Sun K. Kim 5452 Pembridge Place Tallahassee, FL 32308

Signature/Incorporator

4/2/99

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

54/2/99

Date