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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839

Fax Number : (305)716-0346

APR 27 PM 1: 37
CINETARY OF STATE
LAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

FOUR PAWS & A TALE, INC.

Certificate of Status	1 0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

ML 4/27/90 8:51 AM

ARTICLES OF INCORPORATION

OF FOUR PAWS & A TALE, INC.

ARTICLE I NAME

The name of the corporation shall be: FOUR PAWS & A TALE, INC.

ARTICLE II PRINCIPAL OFFICE

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

1546 PULITZER ROAD

FORT PIERCE, FLORIDA 34945

ARTICLE III CAPITAL STOCK

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

500 (FIVE HUNDRED) SHARES

Prepared by: Triple Check Income Tax Service 2506 Delaware Ave Ft Pierce FL 34947 (561)461-5987 FILED SECRETARY OF STATE TALLAMASSEE, FLORIDA

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

JOSEPH CHRISTIAN 1546 PULITZER ROAD FORT PIERCE, FL 34945

ARTICLE V INCORPORATOR

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

	JOESPH CHRISTIAN	
	1546 PULITZER ROAD	-
F	ORT PIERCE, FL 34945	

The undersigned has executed these Articles of Incorporation this see day of April 1999.

TOSEPH CHRISTIAN, Incorporator

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, 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: FOUR PAWS & A TALE, INC.

2. The name and address of the registered agent and office is:

JOSEPH CHRISTIAN

Signature:
INCORPORATOR
Title:

HAVING BEEN NAMED AS REGISTERED ACENT 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 ACENT 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:

Date: C

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA