

P99000045104

ESTELLE D'ANDREA C.P.A.
799 EAST JEFFERY STREET SUITE 305
BOCA RATON, FLORIDA 33487
PHONE 561-989-8422 FAX 561-989-9429

MAY 12, 1998

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
409 E. GAINES STREET
TALLAHASSEE, FLORIDA 32399

PLEASE SEND ALL THE FINAL PAPERWORK TO:

ESTELLE D'ANDREA C.P.A.
799 EAST JEFFERY STREET SUITE 305
BOCA RATON, FLORIDA 33487

ENCLOSED IS A CHECK FOR \$78.75 FOR THE FOLLOWING:

\$35.00 FILING FEE
\$35.00 DESIGNATION OF REGISTERED AGENT
\$ 8.75 CERTIFIED COPY

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-05/14/99--01049--002
*****78.75 *****78.75

THANK YOU VERY MUCH FOR GIVING THIS MATTER YOUR ATTENTION.

VERY TRULY YOURS,


ESTELLE D'ANDREA C.P.A.

FILED
99 MAY 14 PM 1:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

B. BROCK MAY 18 1999

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:

GRIZZLYS WILD ANIMAL SERVICE INC.

ARTICLE II PRINCIPAL OFFICE

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

P.O. BOX #84
LAKE WORTH, FLORIDA 33460-0084

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

ROBERT G. FREEMAN
5168 S. EL CLARO DR.
W.P.B., FL. 33415

ARTICLE V INCORPORATOR

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

ROBERT G. FREEMAN
5168 S. EL CLARO DR.
W.P.B., FL. 33415


Signature/Incorporator
ROBERT G. FREEMAN

5-10-99

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

5-10-99

Date

FILED
99 MAY 14 PM 1:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA