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Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 922-4001

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 541-3694
Fax Number : (305) 541-3770

FLORIDA PROFIT CORPORATION OR P.A.

charlie's canine camp, inc.

| | |
|-----------------------|---------|
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ARTICLES OF INCORPORATION
OF
CHARLIE'S CANINE CAMP, INC.

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 this corporation shall be:

CHARLIE'S CANINE CAMP, INC.

ARTICLE II. PRINCIPAL OFFICE

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

3612 Bridge Road
Cooper City, FL 33026

ARTICLE III. CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100) shares.

ARTICLE IV. INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Jo Ann Cohen
3612 Bridge Road
Cooper City, FL 33026

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ARTICLE V. INCORPORATION

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

| <u>NAME</u> | <u>ADDRESS</u> |
|--------------|---|
| Jo Ann Cohen | 3612 Bridge Road Cooper City, FL 33026 |

ARTICLE VI. INITIAL OFFICERS

The names and addresses of the officers who are to conduct the business of this corporation until those elected at the first election are as follows:

| | |
|-------------------------|---|
| PRESIDENT: JO ANN COHEN | 3612 Bridge Road Cooper City, FL 33026 |
| VICE PRESIDENT: | _____ |
| SECRETARY: JO ANN COHEN | 3612 Bridge Road Cooper City, FL 33026 |
| TREASURER: | |

The undersigned has executed these Articles of Incorporation this 11 day of October, 1999.


JO ANN COHEN

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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 statements in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: CHARLIE'S CANINE CAMP, INC.
2. The name and address of the registered agent and office is:

JO ANN COHEN

3612 Bridge Road

Cooper City, FL 33026

SIGNATURE: Jo Ann Cohen
JO ANN COHEN

TITLE: PRESIDENT/SECRETARY

DATE: 10-11-99

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 MY 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: Jo Ann Cohen
JO ANN COHEN

DATE: 10-11-99

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STATE OF FLORIDA

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COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this 11 day of
 October, 1999 by JO ANN COHEN, who is personally known to me or who has
 produced _____ as identification.

Sharron D. McCarr
 Printed Name: SHARRON D. McCARR
 Notary Public, State of Florida

My commission expires:



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