

P130000067878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

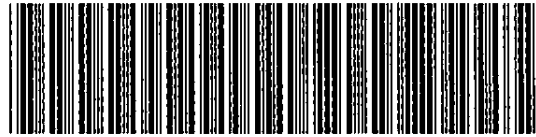
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/19/13--01003--025 **78.75

RECEIVED
13 AUG 19 PM 12:34
DIVISION OF CORPORATIONS

APPROVED
FILED
13 AUG 19 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/14

COVER LETTER

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

SUBJECT: Coastal Veterinary Group 2, Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: J. Stanley Chapman

Name (Printed or typed)

660 East Jefferson Street

Address

Tallahassee, Florida 32301

City, State & Zip

(850) 222-2900

Daytime Telephone number

schapman@equelslaw.com

E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: Coastal Veterinary Group 2, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is: JAYE
TALLAHASSEE FLORIDA

2528 West Tharpe Street

Tallahassee

Florida 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To conduct any lawful business, including,
without limitation, the operation of a veterinary clinic and related business.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Andrew Simmons, President/Treasurer

Name and Title: _____

Address 2528 West Tharpe Street

Address: _____

Tallahassee, Florida 32303

Name and Title: Matthew Wanous, V.P./Secretary

Name and Title: _____

Address 2528 West Tharpe Street

Address: _____

Tallahassee, Florida 32303

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

APPROVED
AND
FILED
(cont.)

13 AUG 19 PM 12:39

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

SECRET
TALLAHASSEE - STATE
FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

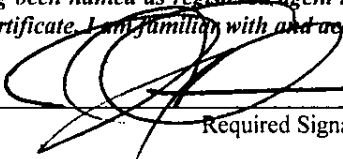
Name: J. Stanley Chapman
Address: 660 East Jefferson Street
Tallahassee, Florida 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: J. Stanley Chapman
Address: 660 East Jefferson Street
Tallahassee, Florida 32301

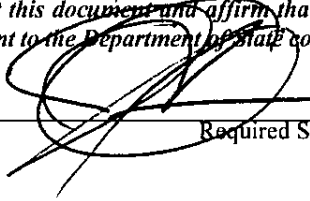
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

8-19-13
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

8-19-13
Date