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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

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DIVISION OF CORPORATIONS
13 DEC 17 AM 10:45

12/19/13

COVER LETTER

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

SUBJECT: Legacy Veterinary Clinic 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: Estelle D'Andrea
Name (Printed or typed)

2631 SW Chestnut Lane
Address

Port St. Lucie, Fla. 34953
City, State & Zip

561-674-4076
Daytime Telephone number

bigcityaccounting@gmail.com
E-mail address: (to be used for future annual report notification)

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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)

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ARTICLE I NAME

The name of the corporation shall be: Legacy Veterinary Clinic Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

1704 NW Federal Hwy.
Stuart, Fla. 34994

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to care for the well being of all animals.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Laura Doran-Owner Mgr

Address 934 NW 12TH Terr.
Stuart, Fla. 34994

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

(conti.)

Name and Title:_____ Name and Title:_____

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE VI REGISTERED AGENT

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

Name: Estelle D'Andrea

Address: 2631 SW Chestnut La.

Port St.Lucie, Fla. 34953

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Laura Doran

Address: 934 NW 12TH Terr.

Stuart, Fla. 34994

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

Estelle D'Andrea
Required Signature/Registered Agent

12-16-13
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.

Laura Doran
Required Signature/Incorporator

12-16-13
Date

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