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(Requestor's Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 DEC 17 AM 10:45

g 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

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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

Name and Title: _____

Address

934 NW 12TH Terr.

Address: _____

Stuart, Fla. 34994

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

(cont.)

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

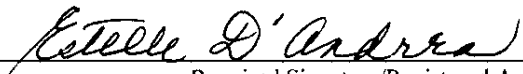
The name and address of the Incorporator is:

Name: Laura Doran

Address: 934 NW 12TH Terr.

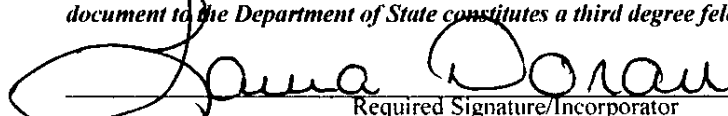
Stuart, Fla. 34994

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


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.


Required Signature/Incorporator

12-16-13
Date

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