

NO900000/2001

(Requestor's Name)

Pet Projects  
Barbara Barker  
12287 117 Drive  
Live Oak, FL 32060  
(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

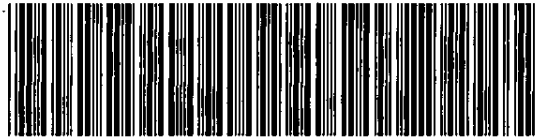
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
12/17

209 51303

## COVER LETTER

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

SUBJECT: Community Vet Connections, INC  
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is 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

**ADDITIONAL COPY REQUIRED**

FROM: Barbara Barker  
Name (Printed or typed)

12287 117 Dr  
Address

Live Oak, FL 32060  
City, State & Zip

386-362-9089  
Daytime Telephone number

gginfo@windstream.net  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

09 DEC 16 PM 12:00

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

November 20, 2009

BARBAR BARKER  
PET PROJECTS  
12287 117 DRIVE  
LIVE OAK, FL 32060

SUBJECT: PET PROJECTS  
Ref. Number: W09000051303

We have received your document for PET PROJECTS and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

An effective date may be added to the Articles of Incorporation if a 2010 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap  
Regulatory Specialist II  
New Filing Section

Letter Number: 609A00036161

**ARTICLES OF INCORPORATION**  
In Compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be:  
Community Vet Connections, INC

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:  
12287 117 Drive Live Oak, FL 32060

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
This corporation is formed exclusively for charitable, educational, and scientific purposes within the meaning of section 501(c)3 of the Internal Revenue Code of 1986 or the corresponding provision of any future United States Internal Revenue law.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:  
Method of selection of the Board of Director and the number of directors shall be stated in the bylaws.

**ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

List name(s), address(es) and specific title(s):  
Initial Director is Barbara Barker. 12287 117 Drive Live Oak, FL 32060

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  
Barbara Barker 12287 117 Drive Live Oak, FL 32060

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
Barbara Barker 12287 117 Drive Live Oak, FL 32060

\*\*\*\*\*

*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.*

Barbara Barker  
Signature/Registered Agent

12-11-09  
Date

Barbara Barker  
Signature/Incorporator

12-11-09  
Date

**FILED**  
09 DEC 16 PM 3:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA