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DIVISION OF CORPORATIONS
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COVER LETTER

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

SUBJECT: LUV ALL CREATURES ANIMAL HOSPITAL, Corp.
(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: Anna C. Gregard
Name (Printed or typed)

10760 NW 17th St
Address

Plantation, FL 33322
City, State & Zip

954-644-3210
Daytime Telephone number

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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: LUV ALL CREATURES ANIMAL HOSPITAL, Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

10760 NW 17th St.
Plantation, FL.
33322

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

- ① Provide low cost spay and neuter services
- ② Provide low cost vaccinations
- ③ Provide treatment for minor illnesses
- ④ Provide elective surgery procedures @ a lower cost
- ⑤ To educate the public on pet overpopulation, animal welfare, animal care and protection, and pet adoptions

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Elected and

Appointed based upon their experience and knowledge. A few of the officers are veterinarians. Two of the officers operate an animal non-for-profit organization.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ^{DVM}ANNA C. Gregorch, President

Address: 10760 NW 17th St.
Plantation, FL.
33322

Name and Title: ^{DVM}Linda C. Gregorch, Vice President

Address: 10760 NW 17th St.
Plantation, FL.
33322

Name and Title: Sara Matthews, DVM

Address: 1624 14th Ave
Vero Beach, FL.
32960

Name and Title: Jan Clifton, DVM General

Address: 1624 14th Ave
Vero Beach, FL.
32960

Name and Title: Susan Perry, Treasurer

Address: P.O. Box 3307
Fort Pierce, FL.
34949

Name and Title: Janice Douglas, General

Address: P.O. Box 3307
Fort Pierce, FL.
34949

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Anna C. Gregard

Address: 10760 NW 17th St.

Plantation, FL. 33322

ARTICLE VII INCORPORATOR

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

Name: Anna C. Gregard

Address: 10760 NW 17th St

Plantation, FL. 33322

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

Anna Gregard

Required Signature of Registered Agent

1-1-14

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Anna Gregard

Required Signature of Incorporator

1-1-14

Date

11/29/13

To whom it may concern,

Enclosed is a new application plus a copy of the application.

I hope that I was able to make the titles of the directors and officers more understandable, and acceptable.

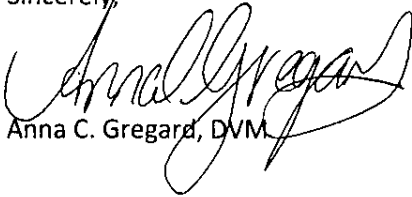
I had already sent in a check previously for \$78.75.

Please contact me if you have any further questions.

I also changed the date of the application for the 1st of January 2014.

Thank you.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Anna C. Gregard', written over the typed name.

Anna C. Gregard, DVM

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