

TRANSMITTAL LETTER

NO 0003477

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

6000001529300
07/03/95--01057--009
****122.50 ****122.50

SUBJECT: CONTRACTING BUSINESS INC.
(Proposed corporate name - must include suffix)

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

<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75	<input checked="" type="checkbox"/> \$122.50	<input type="checkbox"/> \$131.25
Filing Fee	Filing Fee	Filing Fee & Certificate	Filing Fee, Certified Copy & Certificate

FROM: MICHAEL VINACKÉ
Name (Printed or typed)

108 Pine Street
Address

Montgomery, AL 36105
City, State & Zip

(334) 344-1111
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

July 7, 1995

MICHAEL VINACKE
9308 PINE MEADOWS COURT
ORLANDO, FL 32825

SUBJECT: ORLANDO RAGE BASEBALL, INC
Ref. Number: W95000013703

We have received your document for ORLANDO RAGE BASEBALL, INC. and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation. A statement making reference to the bylaws is acceptable.

ARTICLE NUMBER IV STATES THAT DIRECTORS ARE ELECTED BY ALL STOCKHOLDERS. A NON PROFIT HAS NO STOCK THEREFORE NO STOCKHOLDERS. PLEASE CORRECT HOW DIRECTORS ARE TO BE ELECTED.

Please return 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 (904) 487-6878.

Terri Buckley
Corporate Specialist

Letter Number: 295A00032917

ARTICLES OF INCORPORATION

The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 617, Florida Statutes, adopts the following Articles of Incorporation.

ARTICLE I

Name

The name of the corporation shall be

Florida Animal Hospital, INC.

ARTICLE II

Principal place of business and mailing address

The principal place of business and mailing address of this corporation shall be

9308 Pine Meadows Ct.
Orlando, Fl. 32825

ARTICLE III

Purpose(s)

The specific purpose(s) for which the corporation is organized is(are)

TO OWN, OWN/INVEST IN, AND OPERATE
A CLINICAL AND VETERINARY
PRACTICE, AND TO MAINTAIN
PRACTICAL TRAINING

ARTICLE IV

Manner of election of directors

The manner in which the directors are elected or appointed is as follows

DIRECTORS ARE ELECTED FOR ONE TERM
FOR THE SUBSEQUENT TERM FIRST
MAY TWENTY ONE JANUARY

ARTICLE V

Limitation of corporate powers

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited are as follows

ARTICLE VI

Initial registered agent and street address

The name and the street address of the initial registered agent is

ROBERT H. MINERVINI
18 RANDIA DRIVE
ORLANDO, FL. 32807

ARTICLE VII

Incorporators

The name(s) and the street address(es) of the incorporator(s) for these articles of incorporation is(are)

ROBERT H. MINERVINI, PRES.
18 RANDIA DRIVE
ORLANDO, FL. 32807

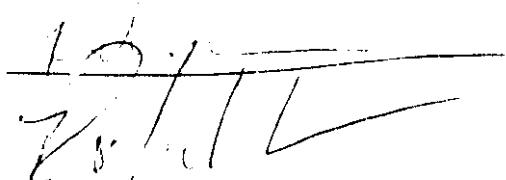
MICHAEL S. VINACKE, TREAS.
9308 PINE MEADOWS CT.
ORLANDO, FL. 32825

VIRGINIA MINERVINI, SEC.
6022 CHENANGO LANE
ORLANDO, FL. 32807

The undersigned incorporator has executed these Articles of Incorporation this -24- day of _____

JUNE 1975

Signature of Incorporator



ROBERT H. MINERVINI

Typed name of incorporator signing

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF
FLORIDA SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE
REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA

1 The name of the corporation is

ORLANDO RAGE BASEBALL INC.
(must include suffix)

2 The name and address of the registered agent and office is

ROBERT H. MINERVINI
(NAME)

18 RANDIA DR.

(P O Box or Mail Drop Box NOT ACCEPTABLE)

ORLANDO, FLORIDA 32807

(CITY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

12
(SIGNATURE)

6/27/95
(DATE)