

P02000039944

TRANSMITTAL LETTER

FILED

02 APR -8 PM 12: 22

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

SUBJECT: Animal Health Mart INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

300005205653--5

-04/08/02--01068--022

\*\*\*\*\*78.75 \*\*\*\*\*78.75

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:

Angela Barrett

Name (Printed or typed)

13921 SW 22 place

Address

Davie, Fla. 33325

City, State & Zip

954-770-6329

Daytime Telephone number

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

D. WHITE APR 12 2002

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

**ARTICLE I NAME**

The name of the corporation shall be: *Animal Health Mart INC.*

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**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is: *13921 SW 22 PL  
DAVIE, FL 33325*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: *Business Corporation*

**ARTICLE IV SHARES**

The number of shares of stock is: *100*

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

*Angela BARRETT, President  
13921 SW 22 PL  
DAVIE FL 33325*

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

*Angela BARRETT  
13921 SW 22 PL  
DAVIE FL 33325*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*Angela BARRETT  
13921 SW 22 PL  
DAVIE FL 33325*

\*\*\*\*\*  
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

*Angela J Barrett*  
\_\_\_\_\_  
Signature/Registered Agent

*4-5-2002*  
\_\_\_\_\_  
Date

*Angela J Barrett*  
\_\_\_\_\_  
Signature/Incorporator

*4-5-2002*  
\_\_\_\_\_  
Date