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TRANSMITTAL LETTER

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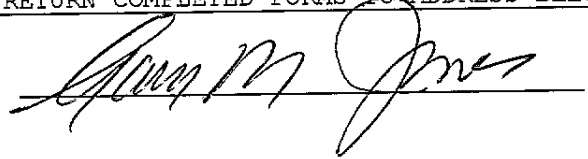
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: KAVANAGH SERVICES, P.A.

I enclose an original and one copy(ies) of the Articles of Incorporation for the above corporation and a check in the amount of \$70.00.

PLEASE RETURN COMPLETED FORMS TO ADDRESS BELOW!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!

SIGNED: 

From:

Melrose Accounting & Tax Service, Inc.
Name
P.O. Box 1430
Address

000005574870--1
-05/20/02-01065-010
*****70.00 *****70.00

Melrose	FLORIDA	32666
City	State	Zip

352-475-2100
Telephone Number

CBS-2T

ARTICLES OF INCORPORATION

OF

KAVANAGH SERVICES, P.A.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I
NAME

The name of the corporation shall be: KAVANAGH SERVICES, P.A.

ARTICLE II
PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: P.O. BOX 348, MELROSE, FLORIDA 32666

ARTICLE III
CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 50,000.

ARTICLE IV
INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

KORINE KAVANAGH
2638-3 S.R.21
MELROSE, FLORIDA 32666

ARTICLE V
INCORPORATOR

The name and street address of the incorporators to these Articles of Incorporation is:

KORINE KAVANAGH
2368 S.R.21
MELROSE, FLORIDA 32666

ARTICLE VI
PURPOSE

The purpose of the corporation is a VETERINARIAN and any other lawful business purpose

The undersigned has executed these Articles of Incorporation this 1ST day of MAY, 2002.



Incorporator

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Section 607.0501, 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: KAVANAGH SERVICES, P.A.

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

KORINNE J. KAVANAGH
2368-3 SR 21
MELROSE, FLORIDA 32666

Signature: _____

Title: _____

PRESIDENT

Date: _____

5-8, 2002

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.

Signature: _____

Date: _____

5-8, 2002