POROGOIDA 782

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

100007893121--8 -09/20/02-01039--006 ******70.00 ******70.00

SUBJECT:			Services Inc.		
	(PROPOSED CORPORAT	TE NAME – <u>MUST INCLI</u>	JDE SUFFIX)		
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	a check for:		
\$70.00	\$78.75	□ \$78.75	□ \$87.50		
Filing Fee	Filing Fee	Filing Fee	Filing Fee,		
	& Certificate of Status	& Certified Copy	Certified Copy		
			& Certificate of		
		ADDITIONAL CO	Status PV PEOUDED		
		1DD111OTVAL CO	1 1 REQUIRED		
FROM:	Che Trio	-:			
PROM.	Che Trejo Natne (Printed or typed)				
-	P.G. Box 629 Address				
Givenwood FL 32443					
-	City, State & Zip				
	CCAO	00 0079			
-		09 8838	02	-	
	Daytime 16	elephone number	SEP 20 LANASSE		
			7 2 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =		
			OF OF		

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

Will

ARTICLES OF INCORPORATION In compliance with Chapter 607 and 4. Classical Control of the Control		
In compliance with Chapter 607 and/or Chapter 621, F.S.	(Profit)	
ARTICLE I NAME The name of the corporation shall be:	$(\mathcal{A}_{i}, \mathcal{A}_{i}) = (\mathcal{A}_{i}, \mathcal{A}_{i})$	
The finding of the corporation shall be:	-	
Lost Creek Vercin	ary Services Inc.	
ARTICLE II PRINCIPAL OFFICE	يرد ف ،	· ·
The principal place of business/mailing address is:		
P.O. Box 629		
Greenwood, FL 5	2443	,
ARTICLE III PURPOSE		
The purpose for which the corporation is accoming to	,	_
Provide veter anim	al health Services	
ARTICLE IV SHARES		
The number of shares of stock is:	·- 	
<i>30</i> 0		
ADTICI D II INTERNAL CONTRACT		
ARTICLE V INITIAL OFFICERS/DIRECTORS The name(s), address(es) and title(s):	(optional)	<u>.</u>
Or. Che Trejo P.O. Box 629	Greenwood FC 32443	-
ARTICLE VI REGISTERED AGENT	02 S SECH TALLA	
The name and Florida street address of the registered agen	AR SE	
The name and Florida street address of the registered agen Max Clark 113 N	ach medison si o	
	FL 3235) = 1	
Coincy		
ARTICLE VII INCORPORATOR	FL S235) FSTATE	
The name and address of the Incorporator is:	JA 8	
Che Trejo	-	-
P.O. Box 629 Grown and	FL 32443	
1.01 100 124 314000	,	
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Having been named as registered agent to accept service of process for t certificate, I am familiar with and accept the appointment as registered a		
A Hax (- Vorth	4 .0 45	
Signature/Registered Agent	<u>9-19-0</u> Date	
	Date /	=
	1 1 .	

Signature/Incorporator