Florida Department of State

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To:

Division of Corporations

Fax Number : (850)205-0381

From: ·

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940

Fax Number : (516) 935-3088

FLORIDA PROFIT CORPORATION OR P.A.

Story Veterinary Service Inc.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

of 12/10/02

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ARTICLES OF INCORPORATION

2002 DEC -5 AM 8: 36

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business F _ ORIDA Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Story Veterinary Service Inc.

ARTICLE II PRINCIPAL OFFICE

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

Story Veterinary Service Inc.

3181 McMillan Creek Drive Milton, FL 32583

ARTICLE III SHARES

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

100 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

Roger Story 3181 McMillan Creek Drive Milton, FL 32583

Prepared By:
Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-3940

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ARTICLES V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Roger Story 3181 McMillan Creek Drive Milton, FL 32583

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

4th day of December 2002.

Roger Story - Signature

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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 THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:	Story Veterinary Service Inc.		
•			g 1, 84 33
2. The name and address of the register	ed agent and office is:		
•	Roger Story		
	Name	792 7A1	-17
	3181 McMillan Creek Drive	DEC DEC	Aleganista F F
	(P.O. Box or Mail Drop Box NOT Acceptable)	5	-
	Milton, FL 32583		I
	(City / State / Zip)		, 0
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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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

Roger Story SIGNATURE December 4th, 2002

(Date)