

PA20000129857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

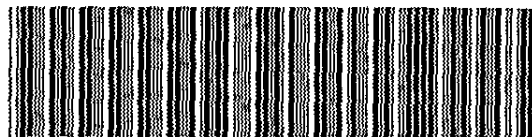
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400009305094

12/09/02--01031--002 **87.50

02 DEC - 9 PM 3:14
SECRETARY OF STATE
DIVISION OF CORPORATIONS

T SMITH DEC 10 2002

TRANSMITTAL LETTER

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

SUBJECT: Affordable Pet Vaccination Company
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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: Lori A. Moore, DVM
Name (Printed or typed)

617 Indiana Avenue
Address

Nakomis FL 34275
City, State & Zip

(941) 215-0022
Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Affordable Pet Vaccination Company

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

617 Indiana Avenue
Nokomis, FL 34275

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Our company will provide low cost dog & cat vaccinations
sell heartworm, flea & tick preventative products to at various
locations throughout several communities.

ARTICLE IV SHARES

The number of shares of stock is:

2

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Lori A. Moore, DVM
617 Indiana Avenue
Nokomis, FL 34275
owner

ARTICLE VI REGISTERED AGENT

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

Lori A. Moore, DVM
617 Indiana Avenue
Nokomis FL 34275

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lori A. Moore DVM
617 Indiana Avenue
Nokomis, FL 34275

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Lori A. Moore DVM

Date

11/21/02

Signature/Incorporator

Lori A. Moore DVM

Date

11/21/02

02 DEC - 9 PM 3:14
SECRETARY OF STATE
DIVISION OF CORPORATIONS