

PO2000130888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

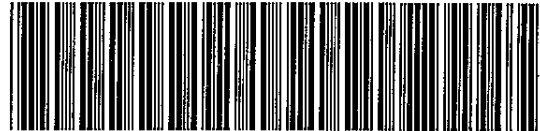
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Roger Hart **GAVE**
AUTHORIZATION BY PHONE TO
CORRECT Art IV
DATE 12/12/02
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12/12/02--01059--002 **78.75

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02 DEC 12 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Roger A. HART D.V.M., Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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: Roger A. HART DVM
Name (Printed or typed)

262 Altamonte Springs Dr.
Address

Altamonte Springs FL 32701
City, State & Zip

407 834 0202
Daytime Telephone number

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Roger A. Hart D.V.M., Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

**262 Altamonte Springs Dr.
Altamonte Springs, FL 32701**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This incorporation's purpose is to provide quality veterinary care to the public.

ARTICLE IV SHARES

The number of shares of stock is: ONE

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

ARTICLE VI REGISTERED AGENT

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


**Roger A. Hart D.V.M.
428 Clemson Dr.
Altamonte Springs, FL 32714**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**Roger A. Hart D.V.M.
428 Clemson Dr.
Altamonte Springs, FL 32714**


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



Signature/Registered Agent

12-10-02

Date



Signature/Incorporator

12-10-02

Date