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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: EQUINE SPORTS Medicine + Surgery, 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: Robert A. McDonald
Name (Printed or typed)

P O Box 1707
Address

Oldsmar FL 34677
City, State & Zip

(813) 417 6386
Daytime Telephone number

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

Articles of Incorporation
of
Equine Sports
Medicine & Surgery, Inc.

In compliance with Chapter 607 Florida Statutes

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TALLAHASSEE, FLORIDA

Article I Name

The name of the corporation shall be: **Equine Sports Medicine**
& Surgery, Inc.

Article II Principal Place of
Business and Mailing Address

The principal place of business is: 13125 Memorial Hwy.
Tampa, FL 33635

The principal mailing address is: P.O. Box 1707
Oldsmar, FL 34677

Article III Purpose

The purpose for which the corporation is organized is:

To provide equine veterinary services to the general public.

Article IV Shares

The number of shares of stock is: **One hundred (100)**

Article V Initial Officers and Directors

The names, addresses and titles of the officers and directors are:

Robert A. McDonald P.O. Box 1707 President & Director
Oldsmar, FL 34677

Article VI Registered Agent

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

Tara M. McDonald
1540 Lakeside Drive
Dunedin, FL 34698

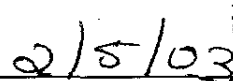
Article VII Incorporator

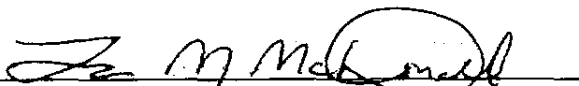
The name and address of the Incorporator is:

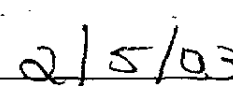
Tara M. McDonald
1540 Lakeside Drive
Dunedin, FL 34698

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 of Registered Agent


Date


Signature of Incorporator


Date

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TALLAHASSEE, FLORIDA