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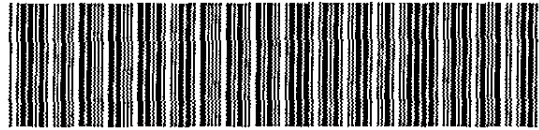
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Lake Mirror Animal Hospital, P.A.

Enclosed are an original and (1) copy of the articles of incorporation and a check for:

\$87.50 (Filing fee, Certified Copy and Certificate of Status)
ADDITIONAL COPY REQUIRED

FROM: Anthony Weirather
P. O. Box 93010
Lakeland, FL 33804-3010
(863) 688-9299

ARTICLES OF INCORPORATION
OF
LAKE MIRROR ANIMAL HOSPITAL, P.A.

ARTICLE I - NAME

The name of this corporation is:
Lake Mirror Animal Hospital, P.A.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business/mailing address is:
Business is located at 502 Lake Mirror Drive,
Suite A, Lakeland, Florida 33801. The mailing
address is P. O. Box 93010, Lakeland, Florida
33804-3010.

ARTICLE III - PURPOSE

The purpose for which the corporation is organized is:
To provide professional veterinarian services.

ARTICLE IV - SHARES

The number of shares of stock is: 1,000.

ARTICLE V - INITIAL OFFICERS/DIRECTORS

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

Anthony Weirather, D.V.M.
502 Lake Mirror Drive, Suite A
Lakeland, FL 33801

ARTICLE VI - REGISTERED AGENT

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

Charles L. Carlton
2310 Lakeland Hills Boulevard
Lakeland, FL 33805

ARTICLE VII - INCORPORATOR

The name and address of the Incorporator is:

Anthony Weirather, D.V.M.
502 Lake Mirror Drive, Suite A
Lakeland, FL 33801

IN WITNESS WHEREOF, the undersigned subscriber has exe-

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TALLAHASSEE FLORIDA

cutted these Articles of Incorporation this 9th day of April, 2003.

Sharon K. Black
WITNESS

Anthony Weirather
ANTHONY WEIRATHER

Michelle Boon
WITNESS

STATE OF FLORIDA

COUNTY OF POLK

8th The foregoing instrument was acknowledged before me this 8th day of April, 2003, by Anthony Weirather, who is personally known to me or who has produced Drivers License as identification.

Patricia A. Pond
Notary Public
Patricia A. Pond
Notary name typed or printed
Commission No. DD177951



Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

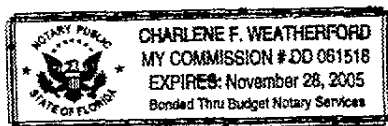
Charles L. Carlton
CHARLES L. CARLTON
REGISTERED AGENT

DATE: 4/9/03

STATE OF FLORIDA

COUNTY OF POLK

9th The foregoing instrument was acknowledged before me this 9th day of April, 2003, by Charles L. Carlton, who is personally known to me or who has produced _____ as identification.



Charlene F. Weatherford
Notary Public
Charlene F. Weatherford
Notary name typed or printed
Commission No. DD061518

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