

P03000069936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

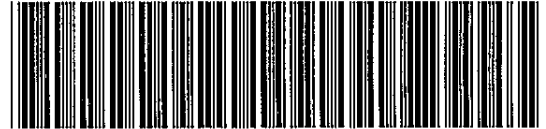
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600020561526

FILED

2003 JUN 24 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06/24/03--01036--022 **78.75

RECEIVED

03 JUN 24 PM 1:42

STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

bc 6/24

TRANSMITTAL LETTER

RECEIVED

03 JUN 11 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: COLLIER CAT HOSPITAL INC
(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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: RIADH ATMANI

Name (Printed or typed)

1251 7th AVE NORTH UNIT 301 INTOWN CLUB CONDO

Address

NAPLES, FL 34102

City, State & Zip

239-649-1858

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

June 11, 2003

RIADH ATMANI
1251 7TH AVE NORTH UNIT 301
NAPLES, FL 34102

SUBJECT: COLLIER CAT HOSPITAL
Ref. Number: W03000016786

We have received your document for COLLIER CAT HOSPITAL, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$78.75.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6922.

Bobbie Cox
Senior Corporate Section Administrator
New Filings Section

Letter Number: 203A00036389

RECEIVED
03 JUN 24 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

THE UNDERSIGNED INCORPORATOR, FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:
COLLIER CAT HOSPITAL INC.

ARTICLES II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE:
1250 TAMiami TRAIL NORTH 112TH
NAPLES, FL 34102

ARTICLE III SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:
FIVE HUNDRED (500) SHARES OF COMMON STOCK WITH A PAR VALUE OF ONE DOLLAR (\$1.00) PER SHARE.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS:

THE NAME AND FLORIDA STREET ADDRESS OF THE INITIAL REGISTERED AGENT IS:
RIADH ATMANI
1251 7TH AVE NORTH
UNIT 301 INTOWN CLUB CONDO
NAPLES, FL 34102

ARTICLE V

NAME OF INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION ARE:

RIADH ATMANI
1251 7TH AVE NORTH
UNIT 301 INTOWN CLUB CONDO
NAPLES, FL 34102

SIGNATURE / INCORPORATOR

6-3-03
DATE

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 TO ACT IN THIS CAPACITY. I FURTHER AGREE TO

FILED
2003 JUN 24 PM 2:27
SECRETARY OF STATE
TAMPA, FLORIDA

COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE
PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM
FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS
REGISTERED AGENT.



SIGNATURE / REGISTERED AGENT

6/03/03
DATE