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December 1, 2003

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Skylark Animal Hospital Inc

Filing Evidence

- ☐ Plain/Confirmation Copy
- ☒ Certified Copy

Retrieval Request

- ☐ Photocopy
- ☐ Certified Copy

Type of Document

- ☐ Certificate of Status
- ☐ Certificate of Good Standing
- ☐ Articles Only
- ☐ All Charter Documents to Include Articles & Amendments
- ☐ Fictitious Name Certificate
- ☐ Other

NEW FILINGS	
X	Profit
	Non Profit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of RA Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Reports
	Fictitious Name
	Name Reservation
	Reinstatement

REGISTRATION/QUALIFICATION	
	Foreign
	Limited Liability
	Reinstatement
	Trademark
	Other

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**ARTICLES OF INCORPORATION
OF
SKYLARK ANIMAL HOSPITAL, INC.**

The undersigned hereby organizes and subscribes to these Articles of Incorporation under the laws of Florida.

I.

The name of the corporation shall be:

SKYLARK ANIMAL HOSPITAL, INC.

II.

The general purpose for which the corporation is organized shall include the transaction of any or all lawful business for which corporations may be incorporated under Chapter 607, Florida Statutes.

III.

The aggregate number of shares of capital stock which the corporation shall have authority to issue shall be 1,000 shares of no par value stock, which stock shall qualify under Section 1244, Internal Revenue Service Code.

IV.

The corporation's principal office and registered office shall be:

**1511 N.E. 25th Avenue
Ocala, FL 34470**

and the name of its initial Registered Agent at such address shall be:

H. MARK HENDON

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V.

The corporation shall have no Directors and the business of the corporation shall be managed by the stockholders.

VI.

The name and address of the incorporator is:

H. MARK HENDON
1511 N.E. 25th Avenue
Ocala, FL 34470

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IN WITNESS WHEREOF, the incorporator has caused this instrument to be executed
this 20th day of November, 2003.


H. MARK HENDON

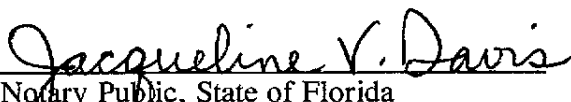
STATE OF FLORIDA
COUNTY OF MARION

Before me, a Notary Public this day personally appeared H. MARK HENDON, who is personally known to me or produced _____ as identification, who executed the foregoing instrument and acknowledged before me the execution thereof for the uses and purposes therein stated and expressed.

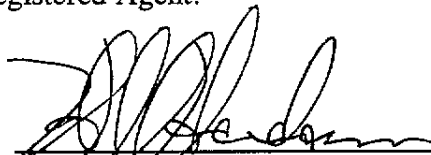
WITNESS my hand and official seal, this 20 day of November, 2003.



Jacqueline V. Davis
Commission # CC 916349
Expires March 6, 2004
Bonded Through
Atlantic Bonding Co., Inc.


Notary Public, State of Florida
My Commission Expires: 3/6/04

Having been named Registered Agent of SKYLARK ANIMAL HOSPITAL, INC., I hereby accept said office and agree to comply with the provisions of Chapter 607, Florida Statutes as same pertains to the office of Registered Agent.


H. MARK HENDON