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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4-20

TRANSMITTAL LETTER

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

SUBJECT: CLEMONS D.V.M. INCORPORATED
(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: BURCHELL J. CLEMONS
Name (Printed or typed)

1710 ARIZONA AVENUE
Address

FORT PIERCE FLORIDA 34982
City, State & Zip

772 465 1441
Daytime Telephone number

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

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:

CLEMONS DVM INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1710 ARIZONA AVENUE
FORT PIERCE, FL 34982

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROVIDE ANIMAL MEDICAL SERVICES TO GENERAL PUBLIC

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

BURCHELL J. CLEMONS PRESIDENT
1710 ARIZONA AVENUE
FORT PIERCE, FL - 34982

ARTICLE VI REGISTERED AGENT

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

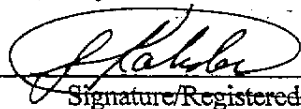
GEORGE J. KALIDONIS
1104 FLEETWOOD LANE
FORT PIERCE, FL - 34982

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

BURCHELL CLEMONS
1710 ARIZONA AVENUE
FORT PIERCE, FL - 34982

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

4-7-04

Date



Signature/Incorporator

4-1-04

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA