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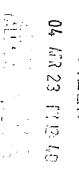
(Re	equestor's Name)		
(Ac	idress)		
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(Ci	ty/State/Zip/Phone #	)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates of	Status	
Special Instructions to Filing Officer:			

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## TRANSMITTAL LETTER

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

SUBJECT: Netr	av ks, Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	l a check for:
D .==	<b>7</b>	D 050 55	D 407.50
\$70.00	<b>☑</b> \$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
		A D D TOTAL A CIC	Status
		ADDITIONAL CO	DPY REQUIRED
mov B	eryl N Stokes, III, CPA		
FROM:	Name	(Printed or typed)	
		(z	
	1035 W Dixie Ave		
Address			
	Leesburg, FL 34748		
	City, State & Zip		
	352-728-0980	-	
		Telenhone number	
Daytime Telephone number			

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

In compliance with Chapter 607 and/or Chapter 621	, F.S. (Profit)
ARTICLE I NAME	
The name of the corporation shall be:	
Vetmarks, Inc	
ARTICLE II PRINCIPAL OFFICE	7. 0
The principal place of business/mailing address is:	
13352 Lago Vista Drive	A T
Winter Garden, FL 34787	23
ARTICLE III PURPOSE	A 23 III
The purpose for which the corporation is organized	The second secon
Any and All Lawful Business	is: 72 46
•	<b>第四 る</b>
ARTICLE IV SHARES	
The number of shares of stock is:	en e
1000	
ARTICLE V INITIAL OFFICERS AND/O	R DIRECTORS
List name(s), address(es) and specific title(s):	
W. Edward Knickman, III, President 13352 Lago Vista Dr	Rose T. Knickman, Sec. / Treas. 13352 Lago Vista Dr
Winter Garden, FL 34787	Winter Garden, FL 34787
ARTICLE VI REGISTERED AGENT	
The name and Florida street address of the register	ed agent is:
Beryl N Stokes, III, CPA	
1035 W Dixie Ave	
Leesburg, FL 34748	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Beryl N Stokes, III, CPA	
1035 W Dixie Ave	
Leesburg, FL 34748	
**************	**************
Having been named as registered agent to accept service of pr	ocess for the above stated corporation at the place designated in this
certificate, I am familiar with and accept the appointment as re	sistered agent and agree to act in this capacity
41 (1)	Silve
Gignothura/Docintoural Assault	313107
Signature/Registered Agent	Date The state of

'ARTICLES OF INCORPORATION

Signature/Incorporator