

PO4000160287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

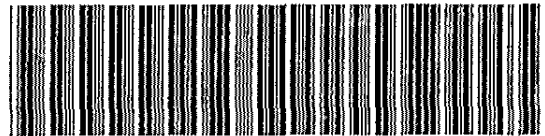
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: _____

Equine Dental Service Inc

(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: _____

Angie Ausel

Name (Printed or typed)

5100 Haywood Buffin Rd

Address

St. Cloud FL 34771

City, State & Zip

407 460 0862

Daytime Telephone number

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

Equine Dental Services Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5100 Haywood Ruffin Road
St. Cloud Florida 34771

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Equine Dentistry

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):

Angie Ausel Eq DT
5100 Haywood Ruffin Road
St. Cloud Florida 34771

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Same as above Angie Ausel
5100 Haywood Ruffin Road
St. Cloud FL 34771

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Angie Ausel
5100 Haywood Ruffin Rd St. Cloud FL 34771

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

Angie Ausel
Signature/Registered Agent

10/22/04
Date

Angie Ausel
Signature/Incorporator

10/22/04
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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