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Address
City State Zip Phone

CORPORATION(S) NAME

Verifier

Acknowledgment

W.P. Varifier

Menssy K	nieriem	D.V.M. P.H.
		/ /
Profit NonProfit () Amendment	() Merger
/ / Nath-rone) Antenument	() merger
() Foreign () Dissolution	() Mark
() Limited Partnership () Reinstatement () Annual Report) Reservation	Other Change of Registered Agent
() Certified Copy () Photo Copies	() Certificate Under Seal
Cail When Ready () Will Wait) Call if Problem (X) Pick Up	() After 4:30 () Mail Out
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Examiner		
Updater	•	••

ARTICLES OF INCORPORATION

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The undersigned incorporator(s). The purpose is to engage in the practice of MEDICINE

permitted under the laws of the United States and

Florida, subject to the limitations as provided by the

provisions of the Florida Professional Service Corporation Act

ARTICLE I NAME

The name of the corporation shall be:

Melissa Knieriem, D.V. M., P.A.

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ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

6344 Dural Drive Margate, FL 33063

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 shares at 11 par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS. The name and address of the initial registered agent is:

Melissa Kneriem 6344 Dural Drive Margate, FL 33063

ARTICLE V INCORPORATORS

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Melissa Knieriem, Director, Pres., Treas, Secretary, V.P. 6344 Doval Driver Morgade, FC 33063

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

day of Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:	Melissa	Knieriem,	D. M.M., PA
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	<u> </u>		

2. The name and address of the registered agent and office is:

Melssa Knieiem
(NAME)

6344 Duval Drive
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

Margare, FL 33063
(CFY/STATE/ZIP)

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 and agree to act in this capacity. I further agree to 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.

Mello by 05
(SIGNATURE)

(DATE)