

PA500 0144171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

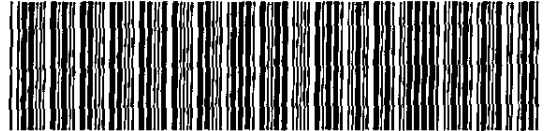
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

T. Burch UCI 24 2005

COVER LETTER

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

SUBJECT: San Antonio Animal Hospital Community Outreach 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: Diana Mattox
Name (Printed or typed)

PO Box 237
Address

San Antonio, FL 33576
City, State & Zip

352-588-2132
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:

San Antonio Animal Hospital Community Outreach Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

PO Box 237, San Antonio, FL 33576
32347 State Rd 52, San Antonio, FL 33576

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Veterinary

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Diana Mattox - President
PO Box 237
San Antonio, FL 33576

ARTICLE VI REGISTERED AGENT

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

Diana Mattox
15640 Old Mill Pond Rd
San Antonio, FL 33576

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Diana Mattox
PO Box 237
San Antonio, FL 33576

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

D Mattox

Signature/Registered Agent

D Mattox

Signature/Incorporator

10-18-05

Date

10-18-05

Date

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05 OCT 21 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA