

P060000022539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

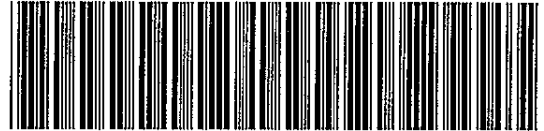
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/25/06--01015--024 **78.75

FILED
06 FEB 13 AM 9:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: OSAH Pet Health Care Center, 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: Dana K. Juillerat

Name (Printed or typed)

9528 Shadow Lane

Address

Fort Pierce, FL 34951

City, State & Zip

772-462-0312

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 31, 2006

DANA K. JUILLERAT
9528 SHADOW LANE
FORT PIERCE, FL 34951

SUBJECT: OSAH PET HEALTH CARE CENTER, INC.
Ref. Number: W06000004784

We have received your document for OSAH PET HEALTH CARE CENTER, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring
Document Specialist
New Filing Section

Letter Number: 506A00006999

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:

OSAH Pet Health Care Center, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9528 Shadow Lane, Fort Pierce, FL 34951

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Veterinary Hosptial

ARTICLE IV SHARES

The number of shares of stock is:

1

Dana K. Juillerat

02/07/06

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Dana K. Juillerat
9528 Shadow Lane
Fort Pierce, FL 34951
"President/Owner"

ARTICLE VI REGISTERED AGENT

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

Dana K. Juillerat
9528 Shadow Lane
Fort Pierce, FL 34951
"President/Owner"

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Dana K. Juillerat
9528 Shadow Lane
Fort Pierce, FL 34951
"President/Owner"

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

Dana K. Juillerat

Signature/Registered Agent

01-18-06

Date

Dana K. Juillerat

Signature/Incorporator

01-18-06

Date