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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT:	AMU Rab PROPOSED CORPORA	PNal DUM TE NAME-MUST INCL	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	a check for:	
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy ADDITIONAL CO	Filing Fee, Certified Copy & Certificate of Status	
FROM: TO D Sea VC/ Name (Printed or typed) 4 (2) (2) (2) (3) (1) (1) (4)				
	2001 S	Address State & Zip	1 40207	
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)

FILED

06 FEB 13 AM 9: 18

SECRETARY OF STATE TALLAHASSEE. FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Amy Rabanal, DVM, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1567 Westchester Avenue Wellinten, Florida 33414

Wellington ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any business purposes including operating a Veterinarian practice.

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):

Amy Rabanal 1567 Westchester Avenue Wellington, Florida 33414

ARTICLE VI REGISTERED AGENT

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

Amy Rabanal 1567 Westchester Avenue Wellington, Florida 33414

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Amy Rabanal 1567 Westchester Avenue Wellington, Florida 33414

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 gs_registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator

X 2/6/06