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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

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

SUBJECT: Four Corners Animal Hospital P.A.

(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: Dr. Benedict Mohit

Name (Printed or typed)

1520 Sunrise Plaza Dr.

Address

Clermont, FL 34714

City, State & Zip

352 242 1950

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:

Four Corners Animal Hospital P.A.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1520 Sunrise Plaza Dr., Clermont Fl. 34714

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Practicing Veterinary Medicine, Animal Care, Boarding and Grooming.

### ARTICLE IV SHARES

The number of shares of stock is:

One Thousand [1,000]

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Benedict Mohit - 1520 Sunrise Plaza Dr., Clermont Fl. 34714 - President

Gita Nagassar-Mohit - 1520 Sunrise Plaza Dr., Clermont Fl. 34714 - Secretary

### ARTICLE VI REGISTERED AGENT

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

Benedict Mohit - 1520 Sunrise Plaza Dr., Clermont Fl. 34714

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Benedict Mohit - 1520 Sunrise Plaza Dr., Clermont Fl. 34714

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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

<u>Benedict Mohit</u>	<u>2.15.06</u>
Signature/Registered Agent BENEDICT MOHIT	Date
<u>Benedict Mohit</u>	<u>2.15.06</u>
Signature/Incorporator BENEDICT MOHIT	Date