

P060000038803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

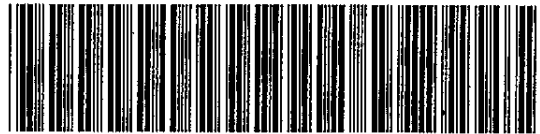
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 MAR 16 AM 7:59

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03/16/06 - ONLINE - 025 - 450 55

## COVER LETTER

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

SUBJECT: Floral City Veterinary Hospital, 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: Marilyn Tobey  
Name (Printed or typed)

8309 E. Orange Avenue  
Address

Floral City, FL 34436  
City, State & Zip

352-228-0898  
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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

Floral City Veterinary Hospital, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

8309 E. Orange Avenue  
Floral City, FL 34436

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
any lawful purposes

**ARTICLE IV SHARES**

The number of shares of stock is:  
one hundred

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Marilyn Tobey, President and Director  
Floral City Veterinary Hospital, Inc.  
8309 E. Orange Avenue  
Floral City, FL 34436

**ARTICLE VI REGISTERED AGENT**

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

Marilyn Tobey  
8309 E. Orange Avenue  
Floral City, FL 34436

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Marilyn Tobey  
8309 E. Orange Avenue  
Floral City, FL 34436

\*\*\*\*\*

*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*

  
\_\_\_\_\_  
Signature/Registered Agent

3/15/06  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

3/15/06  
\_\_\_\_\_  
Date