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(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 MAY 25 PM 2:13

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COVER LETTER

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

SUBJECT: Pedro F. Armstrong DVM, PA
(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: Pedro F. Armstrong DVM
Name (Printed or typed)

331 Bird Rd.
Address

Coral Gables, FL, 33146
City, State & Zip

954-263-3658
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 MAY 25 PM 2: 13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Pedro F. Armstrong DVM, PA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

331 Bird Rd
Coral Gables, FL 33146

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Practice of veterinary medicine.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Pedro F. Armstrong DVM
331 Bird Rd
Coral Gables, FL 33146
President

ARTICLE VI REGISTERED AGENT

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

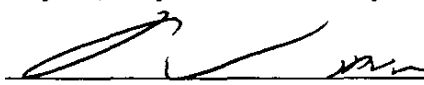
Pedro F. Armstrong DVM
331 Bird Rd
Coral Gables, FL 33146

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Pedro F. Armstrong DVM
331 Bird Rd
Coral Gables, FL 33146


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



Date



Signature/Incorporator



Date

COVER LETTER

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

SUBJECT: SCAR DESIGNS, 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: JAMES SCARBROUGH
Name (Printed or typed)

12775 MANDARIN ROAD
Address

JACKSONVILLE, FLA 32223
City, State & Zip

904-307-3684
Daytime Telephone number

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