

PD7888848628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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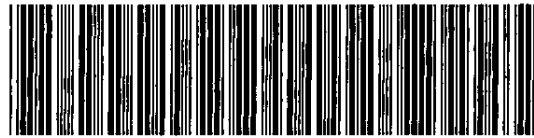
(Business Entity Name)

(Document Number)

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2007 APR 20 A 9:48  
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:** Blake 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:** Jonathan W. Blake, DVM MS

Name (Printed or typed)

10540 Fort King Rd

Address

Dade City, Florida 33525

City, State & Zip

352 518 1112

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:

Blake Veterinary Hospital, Inc

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

10540 Fort King Rd  
Dade City, Florida 33525

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To provide veterinary medical services and products to the local community.

## **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):

Dr. Jonathan W. Blake  
10540 Fort King Rd  
Dade City, Florida 33525

Veterinarian, Owner/CEO

## **ARTICLE VI REGISTERED AGENT**

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

Jonathan W. Blake  
10540 Fort King Rd  
Dade City, Florida 33525

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Jonathan W. Blake  
10540 Fort King Rd  
Dade City, Florida 33525

\*\*\*\*\*

*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

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

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TALLAHASSEE, FLORIDA

4/15/07  
Date

4/15/07  
Date