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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: TED J. OROSKI D.V.M. 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: TED J. OROSKI DVM
Name (Printed or typed)

7769 NW #0056 Place
Address

OCALA FL 34482
City, State & Zip

352 843 4739
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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ARTICLE I NAME

The name of the corporation shall be: TED J. OROSKI, D.V.M., Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is: 7769 NW 56 Place
OCALA FL 34482

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Equine 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):
TED J OROSKI D.V.M., owner, president

ARTICLE VI REGISTERED AGENT

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

TED J OROSKI D.V.M.
7769 NW 56 Place
OCALA FL 34482

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

TED J. OROSKI D.V.M.
7769 NW 56 Place
OCALA FL 34482

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

Ted Oroski D.V.M.
Signature/Registered Agent

7.24.07
Date

Ted Oroski D.V.M.
Signature/Incorporator

7.24.07
Date