

P07000104733

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

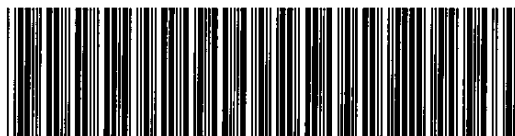
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000109627020

09/20/07--01037--010 \*\*78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 SEP 20 PM 4: 02

MD 9/20

## COVER LETTER

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

SUBJECT: AJ's Vetmed. 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: Javier M. Borrero  
Name (Printed or typed)

9020 W Flagler St # 11  
Address

Miami, FL 33174  
City, State & Zip

786-543-5999  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 7, 2007

JAVIER M. BORRERO  
9020 W. FLAGLER ST., #11  
MIAMI, FL 33174

SUBJECT: AJ'S VETMED, INC.  
Ref. Number: W07000044289

We have received your document for AJ'S VETMED, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$78.75.

You must list at least one incorporator with a complete business street address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6921.

Maryanne Dickey  
Document Specialist Supervisor  
New Filing Section

Letter Number: 907A00053309

# 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: **AJ's Vetmed . Inc.**

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: **9020 w Flagler St #  
miami, FL. 33174**

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **a Veterinary Practice**

## 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):

**Javier Borrero  
(President)  
9020 w Flagler St #11  
miami, FL. 33174**

**Annette Garcia  
9020 w Flagler St #11  
miami, FL. 33174  
(Vice-President)**

## ARTICLE VI REGISTERED AGENT

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

**Javier Borrero  
9020 w Flagler St #11  
miami, FL. 33174**

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**9020 w Flagler St #11  
miami, FL. 33174  
Javier Borrero**

\*\*\*\*\*  
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

**Javier Borrero**  
\_\_\_\_\_  
Signature/Registered Agent

**Javier Borrero**  
\_\_\_\_\_  
Signature/Incorporator

**9/3/07**  
\_\_\_\_\_  
Date

**9/3/07**  
\_\_\_\_\_  
Date

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 SEP 20 PM 4:02