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O7 OCT -2 PM # 51 SECRETARY OF STATE SECRETARY OF STATE

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COVER LETTER

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

SUBJECT:	Veterinary Specialist Network Incorporated			
	(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)			
Enclosed are an ori	ginal and one (1) copy of the art	icles of incorporation and	l a check for:	
□ \$70.00	₹ \$78.75	\$78.75	\$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
Timig Fee	& Certificate of Status	& Certified Copy	Certified Copy	
			& Certificate o	
			Status	
	ADDITIONAL COPY REQUIRED			
FROM:	Amatheon, Inc.	<u></u>		
	Name (Printed or typed)			
	4004 my F4.1 mm			
	4981 SW 74th CT	Address		
	Maria			
	Mi omi TT			
	Miami, Fl. City, State & Zip			
	·			
	305-668-5888	· •		
	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: Veterinary Specialist Network Incorporated

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 4981 SW 74th CT, Miami, FL, 33155

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To be a Group Purchasing Organization.

ARTICLE IV SHARES

The number of shares of stock is: 1500 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Christopher F. Yankana, CFO 11790 SW 61st CT Miami, FL 33156

Steven Schafer; VP of Sales 1900 Sunset Harbor Drive #2207 Miami Beach, FL 33139

Robert DiCrisci, COO 1111 Brickell Bay Drive #3111 Miami, FL 33131 PILEU SECRETARY OF STATE SECRETARY OF STATE ARTICLE VI REGISTERED AGENT

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

Robert DiCrisci 1111 Brickell Bay Drive #3111

Miami FL 33131 ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Amatheon, Inc. 4981 SW 74th CT Miami, FL 33155

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

SECRETARY OF STATE ASSECT FLORIDA