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SECRETARY OF STATE
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M874

COVER LETTER

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

SUBJECT:	QUARTS RM AND) INCORP	PRATEN
	(PROPOSED CORPORA		
_		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	CHARLES D Name 2205 DANSHI		AN
	TALLAHASSEE City. 850- 386	テレ 3730 State & Zip	8

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)

08 MAY 14 PH 2: 55

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

QUARTERMAN, INC

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

DANSHIRE OR TALLAHASSEE FZ 32308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

USTERINARY HOSPITAL

ARTICLE IV SHARES

The number of shares of stock is:

1000

INITIAL OFFICERS AND/OR DIRECTORS

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

CHARLES D QUARTERMAN 2205 DANSHIRE DR TALLAHASSEE FL 37308 93000

REGISTERED AGENT ARTICLE VI

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

CHARLES QUARTER MAN 2205 DANSHIRE DR TAZLAHASSZE FL 32308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CHANLES QUANTERMAN 2205 DANSHIRE DR TALLAHASSEE FL 32308

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