

PD8000102407

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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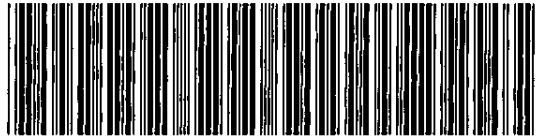
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/13/08--01020--008 **78.50

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2008 NOV 17 P 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 18 2008
D. A. WHITE

COVER LETTER

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

SUBJECT: AmeriVet Network, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

#1598

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: ROBERT L MOODY

Name (Printed or typed)

15003 MEADOWLAKE STREET

Address

ODESSA, FL 33556-3156

City, State & Zip

813-792-5281 / cirrusdev@gmail.com

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 14, 2008

ROBERT L MOODY
15003 MEADOWLAKE ST
ODESSA, FL 33556-3156

SUBJECT: AMERIVET NETWORK INC.
Ref. Number: W08000051862

We have received your document for AMERIVET NETWORK INC. and your check(s) totaling \$78.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles of incorporation so that we may complete the filing process.

An effective date **may** be added to the Articles of Incorporation **if a 2009 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

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) 245-6933.

Dale White
Regulatory Specialist II
New Filing Section

Letter Number: 308A00057251

AmeriVet Network Inc

MEMORANDUM

To: **DALE WHITE** From: **ROBERT MOODY**
FLORIDA DEPARTMENT OF
STATE **AMERIVET NETWORK INC**
DIVISION OF CORPORATIONS **15003 MEADOWLAKE STREET**
ODESSA, FL 33556

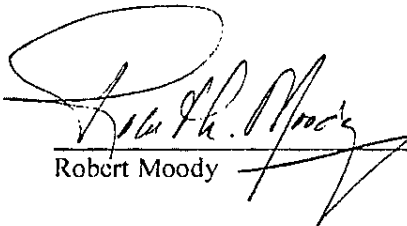
Fax:	850-245-6804	Return Fax:	813-466-7496
Phone:	850-245-6933	Phone:	813-792-5281
Subject:	RELEASE and ASSIGNMENT OF CORPORATE NAME	Date:	Monday, November 17, 2008

RE: AMERIVET NETWORK INC. DOC NO. N08000009809
RELEASE and ASSIGNMENT OF REGISTERED NAME

By the authority as President and Sole Stockholder of the above noted corporation which, simultancously with this authorization, has appealed for dissolution under Section 617.1401:

It hereby attests that it will not revoke its Dissolution and,

It hereby Releases and Assigns the Corporate name of Amerivet Network, Inc. (a not for profit corporation) to Robert L. Moody as incorporator of Amerivet Network, Inc. (a for profit corporation filed at the State of Florida on this date);


Robert Moody

ROBERT L MOODY
AMERIVET NETWORK INC
15003 MEADOWLAKE STREET
ODESSA, FL 33556
PHONE: 813-792-5281
FAX: 813-466-7496

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

ARTICLE I NAME

The name of the corporation shall be:

AMERIVET NETWORK INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

15003 MEADOWLAKE STREET
ODESSA, FL 33556

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR ANY LEGAL PURPOSE

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):

PRESIDENT / TREASURER:
ROBERT L. MOODY
15003 MEADOWLAKE STREET
ODESSA, FL 33556-3156

VICE PRESIDENT/ SECRETARY
ANDREA K MOODY
15003 MEADOWLAKE STREET
ODESSA, FL 33556

ARTICLE VI REGISTERED AGENT

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

ROBERT L. MOODY
15003 MEADOWLAKE STREET
ODESSA, FL 33556-3156
813-792-5281

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ROBERT L MOODY
15003 MEADOWLAKE STREET
ODESSA, FL 33556-3156

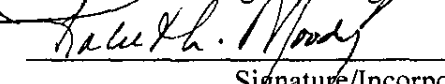
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

11.12.08

Date



Signature/Incorporator

11.12.08

Date