# P10000044309

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PICK-UP WAIT MAIL				
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10 MAY 21 MM II: 2
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# **COVER LETTER**

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

941-928-1135

DAVE@COZZETTEACCOUNTING.COM

SUBJECT: NICKEL	VETERINARY INC		
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u> )
Enclosed are an orig	inal and one (1) copy of the ar	ticles 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
		ADDITIONAL CO	Status PY REQUIRED
		<u> </u>	
FROM: AN	N HOFFMAN	(0.1.1.1.1)	
	Nan	ne (Printed or typed)	
101	4 63RD ST WEST		
		Address	
BRA	ADENTON, FL 34209		
	City	, State & Zip	

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

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

# 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:

NICKEL VETERINARY INC

#### ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 1014 63RD ST WEST
BRADENTON, FL 34209

## <u>ARTICLE III PURPOSE</u>

The purpose for which the corporation is organized is: FOR PROFIT



The number of shares of stock is: 100

#### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
ANN HOFFMAN
1014 63RD ST
WEST, BRADENTON,
FL 34209

#### ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: DAVID COZZETTE, EA 7365 MERCHANT CT STE 6 SARASOTA, FL 34240

### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

DAVID COZZETTE, EA 7365 MERCHANT CT STE 6 SARASOTA, FL 34240

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

FILED IN MY 21 MM II: 22 SEPRIMESSES, FLOW

5/17/10 Date,

Date