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SEEE TARY OF STATE

010 JUL -1 P 1:

COVER LETTER

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

	Hospital of Hodges and San Pab (PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
osed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	I a check for:	
■ \$70.00		■ \$78.75 Filing Fee & Certified Copy	■ \$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL COPY REQUIRED		
EDOM: Sh	ivaji Patnaik			
FROM: <u>Sh</u>	Nam	e (Printed or typed)	2010 2012 2012	
	Nam 947 Beach Blvd., Unit 105	e (Printed or typed) Address	SEAST FOR THE LANGE FOR THE LA	
139	Nam 947 Beach Blvd., Unit 105 ksonville, Florida - 32224	Address	₩ <u>₩</u> ~ —	
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<u>139</u> Jac	Nam 947 Beach Blvd., Unit 105 ksonville, Florida - 32224 City	Address	TEEFLOR T	
<u>Jac</u>	Nam 947 Beach Blvd., Unit 105 ksonville, Florida - 32224 City	Address , State & Zip	TEFE STATE	

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 23, 2010

SHIVAJI PATNAIK 13947 BEACH BLVD,UNIT 105 JACKSONVILLE, FL 32224

SUBJECT: ANIMAL HOSPITAL OF HODGES AND SAN PABLO

Ref. Number: W10000030048

We have received your document for ANIMAL HOSPITAL OF HODGES AND SAN PABLO and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

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: 310A00015497



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

ÁRTICLE I NAME

The name of the corporation shall be:

Animal Hospital Of Hodges and San Pablo $\operatorname{Im} \mathcal{C}$

PRINCIPAL OFFICE ARTICLE II

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

13947 Beach Blvd., Unit 105, Jacksonville, Florida - 32224

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: Veterinary Clinic



The number of shares of stock is: 3000



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

Shivaji Patnaik Kavitha Patnaik

ARTICLE VI	REGISTERED	AGENT
AK IICEE VI	REGISTERED	MULDIVI

Kiran Kantimahanthi

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

13947 Beach Blvd. Unit 105 Jacksonville, Florida 32224

ARTICLE VII INCORPORATOR

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

Shivaji Patnaik, 400 Rusert Drive SE, Leesburg, VA 20175

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