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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

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

SUBJECT: VETERINARY CLINIC AT SOUTHGATE, 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 Filing Fee  
☐ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy  
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

FROM: MICHAEL J. HORBAL

Name (Printed or typed)

1240 WEST RIVER DRIVE

Address

MARGATE, FL 33063

City, State & Zip

954-529-3874

Daytime Telephone number

MICHAHORB@AOL.COM

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

**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 CLINIC AT SOUTHGATE, INC**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

8295 NORTH PINE ISLAND ROAD  
BAY 6  
TAMARAC, FL 33321

Mailing address, if different is:

1240 WEST RIVER DRIVE  
MARGATE, FL 33306

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**VETERINARY CLINIC AND ALL RELATED PURPOSES.**

**ARTICLE IV SHARES**

The number of shares of stock is: **100 SHARES**

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

Name and Title: MICHAEL J. HORBAL, PD

Address: 1240 WEST RIVER DRIVE

MARGATE, FL 33063

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: MICHAEL J. HORBAL

Address: 1240 WEST RIVER DRIVE

MARGATE, FL 33063

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MICHAEL J. HORBAL

Address: 1240 WEST RIVER DRIVE

MARGATE, FL 33063

*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*

Michael J. Horbal  
Required Signature/Registered Agent

9/3/2011

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

Michael J. Horbal  
Required Signature/Incorporator

9/3/2011

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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