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SECRETARY OF STATE
TALLAHASSEE FINBLE

J. SIMPSIS FEB 0.6 7878

COVER LETTER

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

SUBJECT: ADVANCED PET CARE 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					
FROM: MICHAEL J KERN Name (Printed or typed)					
15204 KITTRELL DR	2012				
Address AHASSSETARY SPRING HILL FL 34610	2012 FEB -3				
City, State & Zip	≩ M				
727 514 1178	59 59				
mkerndvm@gmail.com E-mail address: (to be used for future annual report notification)					

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



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

The name of the corpo	AME ADVANCED PET CARE ration shall be:	INC	
152	RINCIPAL OFFICE Principal street address 204 KITTRELL DR RING HILL FL 34610		ress, if different is:
	TRPOSE h the corporation is organized is: OPERATE A BUSINESS IN THE S	STATE OF FLORIDA	
ARTICLE IV SI		5	
Name and Title: Address:	MICHAEL J KERN PRESIDENT 15204 KITTRELL DR SPRING HILL FL 34610	Name and Title:Address:	
Name and Title: Address:		Address:	
Name and Title: Address:		Address:	
The <u>name and Florid</u> . Name: Address:	EGISTERED AGENT a street address (P.O. Box NOT acceptable) of a MICHAEL J KERN 15204 KITTRELL DR SPRING HILL FL 34610		2012 FEB -3 AL SECRETARY OF TALLAHASSEE, F
Name: Address:	s of the Incorporator is: MICHAEL J.KERN 15204 KITTRELL DR SPRING HILL FL 34610		M 9: 59
this certificate, I am fa	registered agent to accept service of process amiliar with and accept the appointment as register to the appointment as register to the appointment as register to the accept the acce	tered agent and agree to act	
I submit this docume	Required Signature/Registered Agent nt and affirm that the facts stated herein are terment of State constitutes a third degree felony	rue. I am aware that the fa	
Michael	Required Signature/Incorporator		/31/12 Date