

P12000077185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200239350732

09/10/12--01040--007 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 SEP 10 AM 11:18

PS 9/11/12

COVER LETTER

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

SUBJECT: DRM Relief Services, P.A.

(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: David R Mersereau, DVM

Name (Printed or typed)

97040 Elk Creek Ct

Address

Fernandina Beach, FL 32034

City, State & Zip

(904) 556-4068

Daytime Telephone number

drmreliefvet@gmail.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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 SEP 10 AM 11:18

ARTICLE I NAME

The name of the corporation shall be: DRM Relief Services, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
97040 Elk Creek Ct
Fernandina Beach, FL 32034

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
veterinarian relief services

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David R Mersereau, Director
Address: 97040 Elk Creek Ct
Fernandina Beach, FL 32034

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: David R Mersereau
Address: 1932 Oak Dr
Fernandina Beach, FL 32034

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: David R Mersereau
Address: 1932 Oak Dr
Fernandina Beach, FL 32034

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

David R Mersereau

Required Signature/Registered Agent

09/04/12

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.

David R Mersereau

Required Signature/Incorporator

09/04/12

Date