Florida Department of State

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FLORIDA PROFIT/NON PROFIT CORPORATION South Florida Veterinary Ventures Inc.

Certificate of Status	1
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Page Count	03
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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

South Florida Veterinary Ventures Inc. .

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

15780 SW 43rd Street Mlami, FL 33185 SECRETARY OF STATE

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ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,500 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

Dr. Luis Kishon 15780 SW 43rd Street Miaml, FL 33185

Prepared By: Bruce B, Hubbard 77 East John St. Hicksville, New York 11801 1-516-935-3940

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ARTICLE V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

Dr. Luls Kishon - President/Director 15780 SW 43rd Street, Miami, FL 33185

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(arc):

Dr. Luis Kishon 15780 SW 43rd Street, Miami, FL 33185

The undersigned incorporator(s) has(have) executed these Articles of incorporation this

6th day of November 20 12

Signature

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LA WS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: South Florids Veteringry Ventures inc.	
2. The name and address of the registered agent and office is:	12 NOV SECRET
Dr. Luis Kishon	
15780 SW 43rd Street (P.O. Box of Mail Drop Box NOT Acceptable)	- 35 35 10 35 35 10 35 35
Mlami, FL 33185 (City / State / Zip)	- (기 -

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

TUr. Luis Klehon

(Date)

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