

P13000067882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

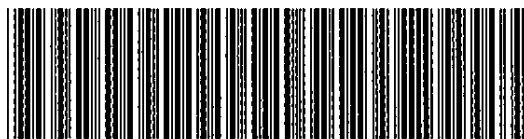
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100249946741

08/19/13--01003--024 \*\*78.75

RECEIVED  
13 AUG 19 PM 12:33  
DIVISION OF CORPORATION

APPROVED  
FILED  
13 AUG 19 PM 12:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

VAH

## COVER LETTER

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

**SUBJECT:** Coastal Veterinary Group, 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:** J. Stanley Chapman

Name (Printed or typed)

660 East Jefferson Street

Address

Tallahassee, Florida 32301

City, State & Zip

(850) 222-2900

Daytime Telephone number

schapman@equelslaw.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)

APPROVED  
AND  
FILED

**ARTICLE I NAME**

The name of the corporation shall be: Coastal Veterinary Group, Inc.

13 AUG 19 PM 12:43

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is: STATE OF FLORIDA

2528 West Tharpe Street

Tallahassee

Florida 32303

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To conduct any lawful business, including, without limitation, the operation of a veterinary clinic and related business.

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000

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

Name and Title: Andrew Simmons, President/Treasurer

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

Address 2528 West Tharpe Street

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

Tallahassee, Florida 32303

Name and Title: Matthew Wanous, V.P./Secretary

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

Address 2528 West Tharpe Street

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

Tallahassee, Florida 32303

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

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

Address \_\_\_\_\_

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

(cont.)

APPROVED  
AND  
FILED

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

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

13 AUG 19 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: J. Stanley Chapman

Address: 660 East Jefferson Street

Tallahassee, Florida 32301

**ARTICLE VII INCORPORATOR**

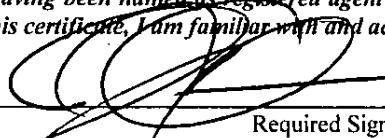
The name and address of the Incorporator is:

Name: J. Stanley Chapman

Address: 660 East Jefferson Street

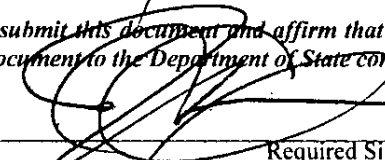
Tallahassee, Florida 32301

*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*

  
\_\_\_\_\_  
Required Signature/Registered Agent

8-19-13  
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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

8-19-13  
Date