

(Red	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
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Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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IS DEC -6 AM 8: 1.1 SECRETARY OF STATE ALL ANASSEE FLORID

December 4, 2013

Florida Department of State Division of Corporations 2661 Executive Center Circle Clifton Building Tallahassee, FL 32301

Attn: Jessica Fason,

The Florida Corporation D-Vet Inc has been administratively dissolved and I, Lewis Barton, have no intentions of reinstating D-Vet Inc.

Sincerely,

Lewis Barton

Former Address:

2390 Vero South Circle, SW

Unit #6

Vero Beach, FL 32962

Current Address:

23589 E Colonial Dr Christmas, FL 23709 SECKETARY OF STATE

COVER LETTER

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

\$70.00	\$78.75	□ \$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
EP OM:	0-Vet In	1 C ,	
FROM:	D-Vet IN	ァク, ne (Printed or typed)	
FROM:	D-Vet IN Nam 23589 E		Dnive

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)

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Principal street address 23589 E, Colopial Pu		. 1	Mailing ad	dress, if different is:	
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Ch vis	mas	Fl. 30	2709		
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Name and Title:	Name and Title:
Address	Address:
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ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> (P.O. Box NO Name:	Lewis BARTON
Address: 23 589 E, C	colonial Dr.
Christma	S F1.32709
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	·
Name: <u>Vewis BA</u>	Rlon
Address: 23589 E.	Colonial Pris
Chuistma	s Fl. 32709
	rvice of process for the above stated corporation at the place designated in cointment as registered agent and agree to act in this capacity
Levis Bo	10/4/13
Required Signature/Regist	ered Agent Date
I submit this document and affirm that the facts sto document to the Department of State constitutes a th	ited herein are true. I am aware that the false information submitted in a ird degree felony as provided for in s.817.155, F.S.
Required Signature/Inco	$\frac{2}{4/3}$
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SECRETARY OF STATE
TALLAHASSEE FLORING