

P140000 69125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

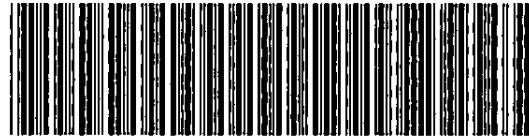
(Business Entity Name)

(Document Number)

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

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08/14/14--01031--003 \*\*78.75

APPROVAL  
AND  
FILED

14 AUG 14 PM 2:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/H

## COVER LETTER

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

SUBJECT: PEACHLAND ANIMAL CLINIC, 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

FROM: GEOFFREY L. LORAH  
Name (Printed or typed)

1107 W. MARION AVE., UNIT 115  
Address

PUNTA GORDA, FL 33950  
City, State & Zip

941-637-8884  
Daytime Telephone number

glorah@webblorah.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: PEACHLAND ANIMAL CLINIC, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1419 COLLINGSWOOD BLVD.  
PORT CHARLOTTE, FL 33948

Mailing address, if different is:

14 AUG 14 PM 2:56  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL  
BUSINESS.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

Name and Title: VILLARREAL, ALEXANDER PSD Name and Title: \_\_\_\_\_

Address 1419 COLLINGSWOOD BLVD. Address: \_\_\_\_\_

PORT CHARLOTTE, FL 33948 \_\_\_\_\_

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

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

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

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

APPROVED (cont.)  
AND  
FILED

Name and Title: \_\_\_\_\_ Name and Title: 14 AUG 14 PM 2:56  
Address: \_\_\_\_\_ Address: 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:

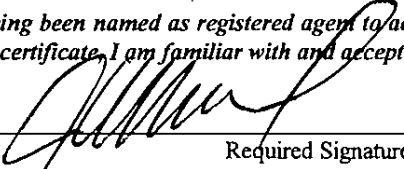
Name: VILLARREAL, ALEXANDER  
Address: 1419 COLLINGSWOOD BLVD.  
PORT CHARLOTTE, FL 33948

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

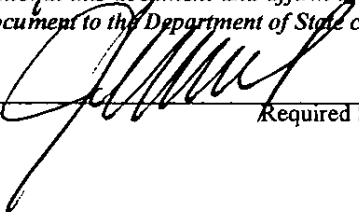
Name: VILLARREAL, ALEXANDER  
Address: 1419 COLLINGSWOOD BLVD.  
PORT CHARLOTTE, FL 33948

*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

8-13-2014  
\_\_\_\_\_  
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

8-13-2014  
\_\_\_\_\_  
Date