

P/5000003187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

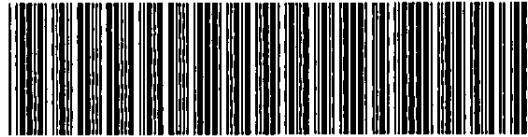
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/08/14--01016--026 **137.50

FILED
15 JAN 12 PM 5:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA

WA-73865

COVER LETTER

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

SUBJECT: Professional Veterinary Services, Inc.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status \$ 8.75

Professional Veterinary Services, Inc.

Name (printed or typed)

6024 Cortez Blvd.

Address

Weeki Wachee, FL 34607

City, State & Zip

(352) 340-4733

Daytime Telephone Number

tpk1963@hotmail.com

E-mail address: (to be used for future annual report notification)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 11, 2014

PROFESSIONAL VETERINARY SERVICES, INC.
6024 CORTEZ BLVD.
WEEKI WACHEE, FL 34607

SUBJECT: PROFESSIONAL VETERINARY SERVICES, INC.
Ref. Number: W14000073865

We have received your document for PROFESSIONAL VETERINARY SERVICES, INC. and your check(s) totaling \$137.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

A corporation may not serve as its own registered agent. Please designate an individual or another active entity filed or registered with this office, having a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 414A00026192

RECEIVED
15 JAN 12 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DOMESTICATION

The undersigned, Thomas P. Kellner, President,
(Name) (Title)

of PVS, Inc. a foreign corporation,
(Corporation Name)

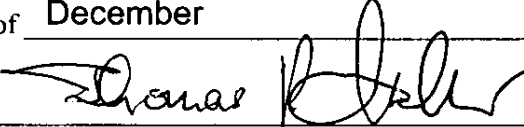
in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was December 29th, 2005.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was State of Nebraska.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Professional Veterinary Services, Inc.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is Professional Veterinary Services, Inc.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was State of Nebraska.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Thomas P. Kellner, of Professional Veterinary Services, Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have one

so this the 3rd day of December, 2015


(Authorized Signature)

FILED
15 JAN 12 PM 5:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Filing Fee:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Professional Veterinary Services, Inc.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

6024 Cortez Blvd.

6024 Cortez Blvd.

Weeki Wachee

Weeki Wachee

FL 34607

FL 34607

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

To provide consulting services to the Animal Health and Human Health Industries.

Sales of diagnostic kits, reagents, new and gently used equipment.

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 1000

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name

President

Thomas P. Kellner

Title/Name

Vice President

Rebecca L. Kellner

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Thomas P. Kellner T.K.
Professional Veterinary Services, Inc.

6024 Cortez Blvd.
Weeki Wachee, FL 34607

ARTICLE VII INCORPORATOR

THE **NAME AND ADDRESS** OF THE INCORPORATOR IS:

Thomas P. Kellner T.K.
Professional Veterinary Services, Inc.

6024 Cortez Blvd.
Weeki Wachee, FL 34607

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 AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

Thomas P. Kellner
Signature/Registered Agent

Thomas P. Kellner
Signature/Incorporator

12/3/14

Date

12/3/14

Date

FILED
15 JAN 12 PM 5:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA