

PIS 000017668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

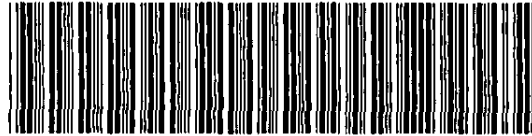
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Certificates of Status \_\_\_\_\_

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RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATE  
15 FEB 23 AM 10:53  
NOT RECORDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
15 FEB 23 PM 12:34  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 510909 4306193

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : February 20, 2015

ORDER TIME : 9:50 AM

ORDER NO. : 510909-005

CUSTOMER NO: 4306193

DOMESTIC FILING

NAME: NVA PCB VETERINARY MANAGEMENT,  
INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP  
       ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

15 FEB 23 PM 12:34

FILED

## COVER LETTER

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

**SUBJECT:** NVA PCB Veterinary Management, 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:** Suzanne M. Hoffman

\_\_\_\_\_  
Name (Printed or typed)

525 West Monroe Street, Suite 1900

\_\_\_\_\_  
Address

Chicago, IL 60661-3693

\_\_\_\_\_  
City, State & Zip

312-577-8306

\_\_\_\_\_  
Daytime Telephone number

sshulman@nvnet.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)

**ARTICLE I NAME**

The name of the corporation shall be: NVA PCB Veterinary Management, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

29229 Canwood Street, Suite 100

Agoura Hills, CA 91301

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all lawful purposes for which corporations may be  
incorporated under the Florida Business Corporation Act.

**ARTICLE IV SHARES**

1,000 Common, \$0.01 par value  
The number of shares of stock is: \_\_\_\_\_

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

Name and Title: Greg W. Hartmann Pres & Director

Name and Title: Scott Shulman Sec/Treas

Address 29229 Canwood Street, Suite 100  
Agoura Hills, CA 91301

Address: 29229 Canwood Street, Suite 100  
Agoura Hills, CA 91301

Name and Title: Brian Kelly Asst. Treasurer

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

Address 29229 Canwood Street, Suite 100  
Agoura Hills, CA 91301

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

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

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

Address \_\_\_\_\_

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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

(cont.)

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

**ARTICLE VI REGISTERED AGENT**

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

Name: Corporation Service Company  
Address: 1201 Hays Street  
Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Suzanne M. Hoffman  
Address: 525 West Monroe Street, Suite 1900  
Chicago, IL 60661-3693

*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*  
Corporation Service Company

By: Emily Gray Asst. Vice President 02/23/2015  
Required Signature/Registered Agent 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.*

Suzanne M. Hoffman 2/20/2015  
Required Signature/Incorporator Date

FILED  
15 FEB 23 PM 12:36  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA