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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305) 599-0839
Fax Number : (305) 592-9591

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
ANIMAL HEALTHCARE CLINIC AT DORAL INC.**

Certificate of Status	10
Certified Copy	1
Page Count	02
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FILED
15 JUN -3 AM 11:48
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

RECEIVED
15 JUN -3 PM 3:23
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ANIMAL HEALTHCARE CLINIC AT DORAL INC.

ATX1

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: ANIMAL HEALTHCARE CLINIC AT DORAL INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

9700 SW 112 STREET

MIAMI, FL 33176

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO TRANSACT ANY AND ALL BUSINESS PERMITTED UNDER

THE LAWS OF THE UNITED STATES OF AMERICA AND THE LAWS OF THE STATE OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is: 500 Shares at \$1 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FABIAN TORRES

Name and Title: _____

Address: 9700 SW 112 STREET

Address: _____

MIAMI, FL 33176

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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TALLAHASSEE, FLORIDA

ANIMAL HEALTHCARE CLINIC AT DORAL INC.

ATX1

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: FABIAN TORRES
Address: 9700 SW 112 STREET
MIAMI, FL 33176

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: FABIAN TORRES
Address: 9700 SW 112 STREET
MIAMI, FL 33176

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

4 10
Required Signature/Registered Agent

6/3/2015
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.

4 10
Required Signature/Incorporator

6/3/2015
Date

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TALLAHASSEE, FLORIDA
CLERK OF THE CIRCUIT COURT