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(City/State/Zip/Phone #)

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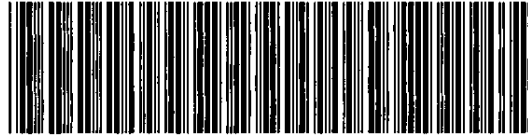
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: TELA 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: Miguel A. Cervoni
Name (Printed or typed)

1426 Siena Avenue
Address

Coral Gables, FL 33146
City, State & Zip

305-790-9746
Daytime Telephone number

macervoni@bellsouth.net
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: TELA Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1426 Siena Avenue

Coral Gables, FL 33146

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Invest in Animal Health Care Business.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Miguel A Cervoni, Manager

Name and Title: _____

Address 1426 Siena Avenue

Address: _____

Coral Gables

FL 33146

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
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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: Miguel A. Cervoni _____

Address: 1426 Siena Avenue _____

Coral Gables, FL 33146 _____

ARTICLE VII INCORPORATOR

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

Name: Miguel A. Cervoni _____

Address: 1426 Siena Avenue _____

Coral Gables, FL 33146 _____

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




Required Signature/Registered Agent

9/12/15

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

9/12/15

Date