

P150000085742

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

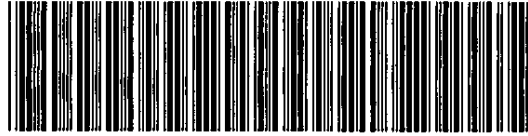
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Certificates of Status ☒

Special Instructions to Filing Officer:

~~W15 66988~~

Office Use Only



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10/02/15--01007--001 **87.50

2015 OCT 15 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

OCT 19 2015

T. BROWN

COVER LETTER

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

SUBJECT: J. Lazarus P.A.
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Jarrod Lazarus
Name (Printed or typed)

5424 Deerbroke Creek Circle #25
Address

Tampa, Florida 33624
City, State & Zip

813 784 7925
Daytime Telephone number

Gatarvet96@msn.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 8, 2015

JARROD LAZARUS
5424 DEERBROOKE CREEK CIR, #25
TAMPA, FL 33624

SUBJECT: J. LAZARUS P.A.
Ref. Number: W15000066988

We have received your document for J. LAZARUS P.A. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

Please list the title of the officer.

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.

Teresa Brown
Regulatory Specialist II

Letter Number: 415A00021340

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
2015 OCT 15 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: J. Lazarus P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5424 Deerbrooke Creek Circle

Unit #25

Tampa, FL 33624

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provide Veterinary Services
in Florida

ARTICLE IV SHARES

The number of shares of stock is: 100 at \$ 0.0001 per share par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jarrod Lazarus - President Name and Title: _____

Address 5424 Deerbrooke Creek Circle Address: _____

Unit #25

Tampa, FL 33624

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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:

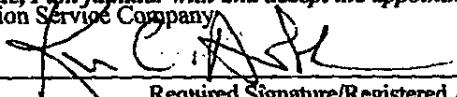
Name: Kevin Ambler
Address: 400 N. Tampa Street #1100
Tampa, Florida 33602

ARTICLE VII INCORPORATOR

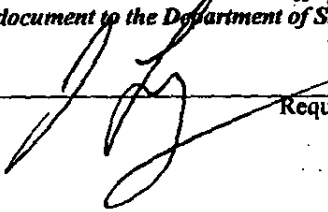
The name and address of the Incorporator is:

Name: Kevin Ambler
Address: 400 N. Tampa Street #1100
Tampa, Florida 33602

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:  1/26/15
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.

 1/22/15
Required Signature/Incorporator Date