

P16000059117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

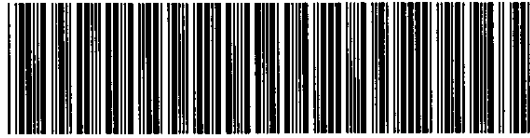
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
FALLAHASSEE (FLORIDA)

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COVER LETTER

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

SUBJECT: Pine Castle Animal Care Center, 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

| | |
|--|--|
| <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: William Lewis Klein
Name (Printed or typed)

5250 S. Orange Ave
Address

Orlando, FL 32809
City, State & Zip

407-855-5010
Daytime Telephone number

dogtorbill@aol.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: Pine Castle Animal Care Center, INC,

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5250 S. Orange Ave

6715 S. A1A Highway

Orlando, FL 32809

Melbourne Beach, FL 32951

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: for the practice of veterinary medicine and to provide ancillary professional

veterinary services.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: William Lewis Klein, President

Name and Title: _____

Address 6715 S. A1A Highway

Address: _____

Melbourne Beach, FL 32951

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FLORIDA

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: William L. Klein
 Address: 6715 S. A1A Highway
Melbourne Beach, FL 32951

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ARTICLE VII INCORPORATOR

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

Name: William L. Klein
 Address: 6715 S. A1A Highway
Melbourne Beach, FL 32951

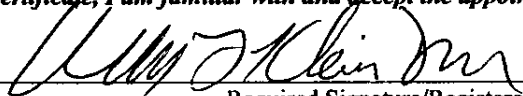
ARTICLE VIII EFFECTIVE DATE:

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

6-20-2016
 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

6-20-2016
 Date