P16000 86294

(Requestor's Name)		
(Ad	dress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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10/24/16--01015--006 **70.00

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COVER LETTER

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

Filing Fee

16 OCT 24 FH 4: 36

\$87.50

Filing Fee,

Certified Copy

& Certificate of

SUBJECT: SOUTH BEACH	YETERINARY.	SOLUTION	5 INC
	RATE NAME – <u>MUST INC</u> LUE	DE SUFFIX)	1 - 1

□ \$78.75

Filing Fee

& Certified Copy

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$78.75

Filing Fee

& Certificate of Status

	Status
	ADDITIONAL COPY REQUIRED
	- -
FROM: JACK E. 1	YAR5ON
Name	(Printed or typed)
2000 SOUTHBA	YSHORE DRIVE, SUITE: 71
	ddress
MIAMI, FE	33/33
City, S	State & Zip
305-0	133-55-81
Daytime Te	elephone number
JKarso	na Turnbern/Low
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 6		<i>j.</i>		_
ARTICLE I NAME The name of the corporation	shall be: <u>50UTH BC</u>	ACH VETERIN	ARY SOLU.	TIONS	5
ARTICLE II PRINCIPA			Mailing address, if diffe		7
	HISHOPE DRIVE, SU	ite:71			
MIHMI, F. S. ARTICLE III PURPOSE The purpose for which the co	γ	roFessiono	L Corpor	HO.	N
				160	5-cs
)C 24	, 35 7 (1) 7 (2) 1 (2)
ARTICLE IV SHARES The number of shares of stock ARTICLE V INITIAL O	k is:	RS へかめ、		Pii 4: 36	DE STATE SRIDA
Name and Title:	JACKE HAR 200 SOLITH BAYBHON 21TE: 71	N DRED Name and Title PED Willess:			
	114/11/17/70/00				
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	
Name: AND ENTIL DIVISION	00 DNI/6 4 20 20 20 20 20 20 20 20 20 20 20 20 20
Address: 0,000 SOUTT BHYSHOP	PEDENE, SUITE: 71 P
MIHAMI AT 33133	
ARTICLE VII INCORPORATOR	96 37 37 37 37 37 37 37 37 37 37 37 37 37
The name and address of the Incorporator is: Name: THE POWER STATES AND	
Address: 2000 SOUTH BAYSHOR	EDRIVE, SUITE: H
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannidays after the filing.)	(or nonal)
Note: If the date inserted in this block does not meet the applicable the document's effective date on the Department of State's records.	
Having been named as registered agent to accept service of proces this certificate, I am familiar with and accept the appointment as re	
Required Signature/Registered Agent	10-18-16 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 felo	ny as provided for in s.817.155, F.S. 10 18 16
Required Signature/Incorporator	Date