

P 16 0000868 00

Gautier P.A.

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

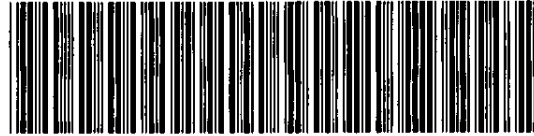
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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16 OCT 28 PM 9 07

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DEPARTMENT OF STATE  
16 OCT 28 AM 11:41

C. GOLDEN

OCT 31 2016

## COVER LETTER

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

**SUBJECT:** Coastal Veterinary Group 3, 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

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Jack E. Kiker, III

Name (Printed or typed)

2010 Delta Boulevard

Address

Tallahassee, FL 32303

City, State & Zip

850-386-3300

Daytime Telephone number

simmoag@gmail.com

E-mail address: (to be used for future annual report notification)

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

FILED  
16 OCT 23 AM 9:07

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

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16 OCT 28 11 59 07

**ARTICLE I NAME**  
The name of the corporation shall be: Coastal Veterinary Group 3, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2528 West Tharpe Street  
Tallahassee, FL 32303

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To conduct any lawful business, including, without limitation,  
the operation of a veterinary clinic and related business.

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Andrew G. Simmons, IV, President

Name and Title: \_\_\_\_\_

Address: 2528 West Tharpe Street  
Tallahassee, FL 32303

Address: \_\_\_\_\_

Name and Title: Matthew Wanous, Vice President

Name and Title: \_\_\_\_\_

Address: 2528 West Tharpe Street  
Tallahassee, FL 32303

Address: \_\_\_\_\_

Name and Title: Carlos Varela, Treasurer

Name and Title: \_\_\_\_\_

Address: 2528 West Tharpe Street  
Tallahassee, FL 32303

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: Jack E. Kiker, III, Esq.  
Address: 2010 Delta Boulevard  
Tallahassee, FL 32303

**ARTICLE VII INCORPORATOR**

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

Name: Jack E. Kiker, III, Esq.  
Address: 2010 Delta Boulevard  
Tallahassee, FL 32303

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16 OCT 28 AM 9 07

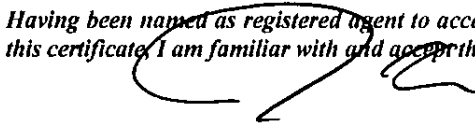
**ARTICLE VIII EFFECTIVE DATE:**

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

10/27/16

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 felony as provided for in s.817.155, F.S.*



Required Signature/Incorporator

10/27/16

Date