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(Requestor's Name)

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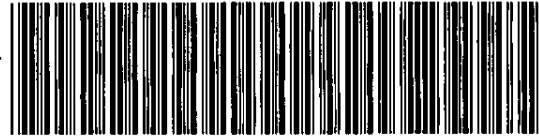
(Business Entity Name)

(Document Number)

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C. GOLDEN

NOV 29 2016

COVER LETTER

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

SUBJECT: Mettova, 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: Jack E. Kiker, III, Esq./WilliamsGautier Law Firm

Name (Printed or typed)

2010 Delta Boulevard

Address

Tallahassee, FL 32303

City, State & Zip

850-386-3300

Daytime Telephone number

cheloniamac.com

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

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

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ARTICLES OF INCORPORATION

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

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ARTICLE I NAME

The name of the corporation shall be: Mettova, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

2239 South Kanner Highway

Stuart, Florida 34994

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: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nancy S. Mettee, President & Sec./Tres.

Address: 13657 SE Ranchland Avenue

Hobe Sound, FL 33455

Name and Title: _____

Address: _____

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: Nancy S. Mettee
Address: 13657 SE Ranchland Avenue
Hobe Sound, FL 33455

ARTICLE VII INCORPORATOR

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

Name: Nancy S. Mettee
Address: 13657 SE Ranchland Avenue
Hobe Sound, FL 33455

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

Nancy S. Mettee, DVM
Required Signature/Registered Agent

22 nov 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.

Nancy S. Mettee, DVM
Required Signature/Incorporator

22 nov 2016

Date

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