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(Requestor's Name)			
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PICK-UP	WAIT	MAIL	
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(Doc	ument Number)		
Certified Copies	Certificates	of Status	
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Special Instructions to Filing Officer:			

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DEPARTHERY OF SIAT

A COUNTY OF THE COUNTY OF THE

C. GOLDEN APR - 5 2017

COVER LETTER

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

SUBJECT:					
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)					
Enclosed are an original and one (1) copy of the artic	cles of incorporation and	l a check for:			
Filing Fee Filing Fee Previously & Certificate of Status Submitted on 4/3/17 via hard-decinery Filing was rejected	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Certified Copy & Certificate of Status			
all of the					
fling was relicited					
Jack F. Kiker III. Eso /Williams. Gautier	r, Gwynn, DeLoach & Kiker	·, P.A.			
FROM:	(Printed or typed)				
2010 Delta Blvd.	-				
	ddrace				
Address					
Tallahassee, FL 32303					
City, State & Zip					
850-386-3300					
Daytime Telephone number					
blair.dack.dvm@gmail.com					
E-mail address: (to be used	for future annual report r	notification)			

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

DEPARTMENT OF STATE



April 3, 2017

JACK E. KIKER, III, ESQUIRE

SUBJECT: ANIMAL HEALTH CLINIC OF THE PALM BEACHES

Ref. Number: W17000028058

We have received your document for ANIMAL HEALTH CLINIC OF THE PALM BEACHES and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

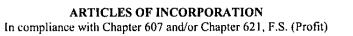
The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

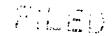
Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 117A00006351





ARTICLE I NAME The name of the corpora	tion shall be:	the Palm Beaches, Inc.	<u>2017 APR -5</u> AMTI: 10
ARTICLE II PRINC		Mailing a	SEU# The different is:
5500 Military Trail			
Jupiter, FL 33458			
ARTICLE III PURPO The purpose for which t	<u>PSE</u> the corporation is organized is:	inary clinic	
ARTICLE V SHAR The number of shares of ARTICLE V INITIA Name and Tith	stock is: AL OFFICERS AND/OR DIRECTO Right Dock President		
Address	5138 Oak Hill Rd		
	Delray Beach, FL 33484		
Name and Title	:	Name and Title:	
Address		Address:	
Name and Title	:	Name and Title:	
Address		Address:	
			· · · · · · · · · · · · · · · · · · ·

Name a	nd Title:	Name and Title:
Addres	ss	Address:
The name and	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of the Jack E. Kiker, III	The registered agent is:
Name: Address:	2010 Delta Bivd.	
Address:	Tallahassee, FL 32303	
ARTICLE VII	<u>INCORPORATOR</u>	
The name and	address of the Incorporator is:	, 0
Name:	Jack E. Kiker, III	-
Address:	2010 Delta Blvd.	-
	Tallahassee, FL 32303	-
Effective date, (If an effective filing.) Note: If the da	TEFFECTIVE DATE: If other than the date of filing: date is listed, the date must be specific and cannot te inserted in this block does not meet the applicable st effective date on the Department of State's records.	. (OPTIONAL) t be more than five days prior or 90 days after the statutory filing requirements, this date will not be listed as
	amed as registered agent to accept service of process f I am familiar with and accept the appointment as regis	for the above stated corporation at the place designated in sistered agent and agree to act in this capacity
	-124	04/04/17
	Required Signature/Registered Agent	Date
	ocument and affirm that the facts stated herein are to Department of State constitutes a third degree felony	•
		04/04/17
Red	uired Signature/Incorporator	Date