

P 17000030181

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(Business Entity Name)

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04/03/17--01005--007 **70.00

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DEPARTMENT OF STATE
17 APR -3 PM 12:03

FILED
2017 APR -3 AM 11:10
TALLAHASSEE, FL 32310

C. GOLDEN
APR - 5 2017

COVER LETTER

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

SUBJECT: Animal Health Clinic of the Palm Beaches, 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

*Previously
Submitted on
4/3/17, via hand-delivery
Filing was rejected*

FROM: Jack E. Kiker, III, Esq./Williams, Gautier, Gwynn, DeLoach & Kiker, P.A.

Name (Printed or typed)

2010 Delta Blvd.

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 notification)

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

RECEIVED
DEPARTMENT OF STATE
17 APR -5 AM 10:11

2017 APR -5 AM 10:10
TALLAHASSEE, FL
DIVISION OF CORPORATIONS

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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

FILED
2017 APR -5 AM 11:10
TALLAHASSEE, FLORIDA

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

FILED

2017 APR -5 AM 11:10

ARTICLE I NAME
The name of the corporation shall be: Animal Health Clinic of the Palm Beaches, Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is: SECURITY

5500 Military Trail

Jupiter, FL 33458

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: veterinary clinic

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Blair Dack, President Name and Title: _____

Address 5138 Oak Hill Rd Address: _____

Delray Beach, FL 33484 _____

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: Jack E. Kiker, III _____

Address: 2010 Delta Blvd. _____

Tallahassee, FL 32303 _____

ARTICLE VII INCORPORATOR

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

Name: Jack E. Kiker, III _____

Address: 2010 Delta Blvd. _____

Tallahassee, FL 32303 _____

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 days prior or 90 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

04/04/17

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

04/04/17

Date

FILED
2017 APR -5 AM 11:10
TALLAHASSEE, FL
SECRETARY OF STATE