Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 Phone : (800)221-2972 Fax Number : (888)692-9256

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73 i 1	Address:			

## FLORIDA PROFIT/NON PROFIT CORPORATION VETMED VENTURES INC

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SECRETARY OF STATE
PALLAHASSEE, FLORIDA

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Electronic Filing Menu

Corporate Filing Menu

Help

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

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Name and Title;		Name and Title:		
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	REGISTERED AGENT	11.5 20.		
the <u>name and</u>	Florida street address (P.O. Box NOT accepta	able) of the registered agent is:		
Name:	Elena Aleksandrovna			
Address:	1610 Cherry Blossom Terrace			
	Lake Mary, FL 32746		amaga .	
			<b>A</b> ≥ 2	
ARTICLE VII	<u>INCORPORATOR</u>			
			APR I	
The name and	address of the Incorporator is:		17 SSI	
Name:	Patrick Strauss	***************************************	E	
Address:	14255 Blanco Road		TI ED 17 PH 12: UNTUF STA SSEELFLOR	
	San Antonio, TX 78216	<del></del>	TAFE DRIDA	
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Effective date i	** EFFECTIVE DATE: if other than the date of filing:	1A/COIT¶())	` <b>`</b>	
(If an effective	date is listed, the date must be specific and	cannot be more than five busine	ess days prior or 90 business	
days after the i	filing.)			
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	effective date on the Department of State's rec			
	imed as registered agent to accept service of p. I am familiar with and accept the appointment			
-				
Eleca	Required Signature/Registered Agen		1/01/12	
	Required Signature/Registered Agen	1	Date	
I submit this do	ocument and affirm that the facts stated hereis	a are true. I am aware that the j	false information submitted in a	
document to the	Department, of State constitutes a third degree	felony as provided for in s.817.1.	55, F.S.	
(2)			$\frac{3/0}{1}$	
Real	aired Signature/Incorporator	<del></del>	Date	