PM200037487

questor's Name)				
dress)				
dress)				
//State/Zip/Phone	e #)			
☐ WAIT	MAIL			
siness Entity Nar	me)			
(Document Number)				
Certificates	s of Status			
Special Instructions to Filing Officer:				
	dress) dress) //State/Zip/Phone WAIT siness Entity Nare current Number)			

Office Use Only



200297895572

04/18/17--01028--005 **70.00

FILING CANCELLED RETURNED CHECK

17 AFR 18 AH 10: 22

D O'KEEFE APR 2 6 2017

COVER LETTER

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

FILING CANCELLED RETURNED CHECK

SUBJECT: PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
		e a company of the co		
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	1 a check for:	
\$70.00	\$78.75	□ \$78.75	□ \$87.50	
Filing Fee	Filing Fec	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy	
			& Certificate of Status	
		ADDITIONAL CO		
	<u> </u>			
FROM:	D-Vet IN	C		
	Name	e (Printed or typed)		
	PO BOX 26	6		
Address				
	Chnos Tmas	Fl. 3270	9	
	City,	State & Zip		
	407-568-	-3400		
	Daytime T	elephone number		

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

Lewis & n-Vet. Net

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

FILING CANCELLED RETURNED CHECK

ARTICLES OF INCORPORATION

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

ARTICLE I NAME The name of the corporat	ion shall be: $1 - Vet$	tnc	
ARTICLE II PRINC	I <u>PAL OFFICE</u> Principal <u>street</u> address		ing address, if different is:
23589 Chuist	East Colonial Dr mas Fl. 32709	ive PO	BOX 266
ARTICLE III PURPO The purpose for which the	SE ne corporation is organized is: <u>Go</u> State Dev	ver m-u	
	stock is:		. 0 /
Address	Lewis BARTON 500 Fort Christmos Ro Ch NESTMOS Pl. 32	Address:	p nes./Thea.
Name and Title:		Name and Title: Address:	7
Name and Title:		Name and Title:	AFR 15 AFF
Address		Address:	

FILING CANCELLED RETURNED CHECK

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acce	ptable) of the registered agent is:
Name: Lewis BARTON	
Address: 500 Fout Christin	
Ch nost mos Fl. 3%	2709
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	7 A
Name: N-Vet Inc.	
Address: 23589 E. Colur Chnistmas Fl.	rial Dr.
Chnistmas Fl.	<u>32</u> 209
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:	0/2017 (OPTIONAL)
(If an effective date is listed, the date must be specific an filing.)	d ^c cannot be more than five days prior or 90 days after the
Note: If the date inserted in this block does not meet the ap the document's effective date on the Department of State's	oplicable statutory filing requirements, this date will not be listed as records.
Having been named as registered agent to accept service of this certificate, I am familiar with and accept the appointment	f process for the above stated corporation at the place designated in ent as registered agent and agree to act in this capacity
Lewis Boots	4/12/2017
Required Signature/Registered Ap	gent Date
I submit this document and affirm that the facts stated he document to the Department of State constitutes a third deg	rein are true. I am aware that the false information submitted in a ree felony as provided for in s.817.155, F.S.
Levis Bosto	4/12/2017
Required Signature/Incorporator	Date