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## Division of Corporations Electronic Filing Cover Sheet

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`To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FASTKIT CORP Account Number : I20100000009 : (305)599-0839 Phone

Fax Number : (305)592-9591

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## FLORIDA PROFIT/NON PROFIT CORPORATION Homeopathy-Allopathic & Surgical Vet Corp

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Corporate Filing Menu

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## Homeopathy-Allopathic & Surgical Vet Corp

## ARTICLES OF INCORPORATION

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

NAME of the corporate o	oration shall be: Homeopathy-Allopathic	a original vercorp	
TICLE II PRINC Principal :	CIPAL OFFICE Street address		Mailing address, if different is:
Case oo erect			:
ah, FL 33013			
ICLE (II PURP purpose for which	the corporation is organized is: TO TI	RANSACTANY AND A	LL LAWFUL BUSINESS
	THE LAWS OF THE UNITED STATES OF	·	
RIDA.			
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	of stock is: 500, shares @ \$1.00 par va	ilue	
umber of shares :			
umber of shares :	of stock is: 500, shares @ \$1.00 par va	Name and Title:	
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umber of shares :  CLE V INITIAL  Name and Title:	of stock is: 500, shares @ \$1.00 par va  OFFICERS AND/OR DIRECTORS  Michal Gutterrez Castillo, President  300 East 38 Street	Name and Title:	
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Nami	e and Title:	Name and Title:	
Addra	oce.		
		Address:	
	-		
		<u> </u>	
ARTICLE VI	REGISTERED AGENT		
Name:		x NOT acceptable) of the registered agent is:	·
racerry,	Michel Gullerrez Castillo		
Address:	300 East 38 Street		`
	Hialeah, Fl 33013		,
ARTICLE VII	INCORPORATOR		;
The <u>name and</u>	Laddress of the incorporator is:		
Name:	Michel Gutlerrez Castillo		
Address:	300 East 38 Street	<u> </u>	
	Hialesh, Fi 33013		
ARTICLE YNI	EFFECTIVE DATE:		ļ.
Effective date, i	follow then the date of super-	(OPTIONAL)	
(if an effective	date is listed, the date must be s	. (OPTIONAL) pecific and cannot be more than five days prior or	90 days after the
Note: If the da listed as the doc	te inserted in this block does not mo arment's effective date on the Depa	cet the applicable statutory filing requirements, this di itment of State's records	ate will not be
Having been nat In this certificate	ned as registered agent to accept a i, I am familiar with and accept the a	ervice of process for the above stated corporation at appointment as registered agent and agree to act in th	the place dusignated his capacity
	Required Signature/Registers	ed Agent —	10/30/17
submit this doc	unent and affirm that the facts of the	ad handa a	Date
focument to the	Department of State constitutes a t	ed herein are true. I am sware that the false information and degree falony as provided for in a.817.155, F.S.	भा submitted in a ा
	The fution 5)		10/201-
/	Required Signature/Incorpo	crator	Date
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