

**Electronic Articles of Incorporation
For**

P18000027547
FILED
March 19, 2018
Sec. Of State
tburch

CROSSWINDS VETERINARY HOSPITAL, INC.

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is:

CROSSWINDS VETERINARY HOSPITAL, INC.

Article II

The principal place of business address:

428 CHELSYE MEADOW CT
ST AUGUSTINE, FL. US 32084

The mailing address of the corporation is:

428 CHELSYE MEADOW CT
ST AUGUSTINE, FL. US 32084

Article III

The purpose for which this corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The number of shares the corporation is authorized to issue is:

2

Article V

The name and Florida street address of the registered agent is:

JENNIFER T LOCKWOOD D.V.M.
428 CHELSYE MEADOW CT
ST AUGUSTINE, FL. 32084

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: JENNIFER LOCKWOOD

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Article VI

The name and address of the incorporator is:

JONATHAN LOCKWOOD
428 CHELSYE MEADOW CT

ST AUGUSTINE, FL 32084

Electronic Signature of Incorporator: JONATHAN LOCKWOOD

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P
JENNIFER T LOCKWOOD D.V.M.
428 CHELSYE MEADOW CT
ST AUGUSTINE, FL. 32084 US

Title: VP
JONATHAN R LOCKWOOD
428 CHELSYE MEADOW CT
ST AUGUSTINE, FL. 32084 US

Article VIII

The effective date for this corporation shall be:

03/19/2018

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AFFIDAVIT

Date March 22, 2018

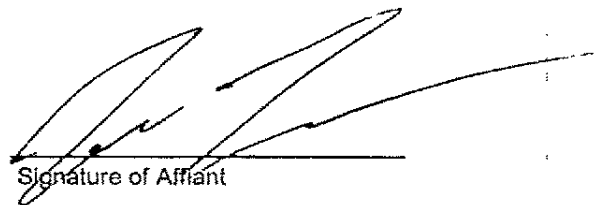
County: Duval

Purpose: Dissolution of Corporation

PERSONALLY came and appeared before me, the undersigned Notary, the within named Jonathan R Lockwood, who is a resident of St. Johns County, State of Florida, and makes this his/her statement and General Affidavit upon oath and affirmation of belief and personal knowledge that the following matters, facts and things set forth are true and correct to the best of his/her knowledge:

I, VP of Crosswinds Veterinary Hospital, Incorporated (Document number P18000023997), have voluntarily dissolved this corporation with no intention of reinstating, therefore, releasing the name for use to another entity.

DATED this 22 day of March, 2018


Signature of Affiant

SWORN to subscribed before me, this 22nd day of March, 2018


NOTARY PUBLIC

My Commission Expires:

9/27/2021

