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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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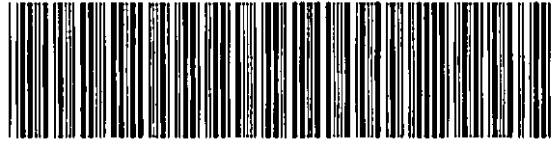
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 APR 10 PM 12:31

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COVER LETTER

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

SUBJECT: Northern Lights Integrative Medical Complex, 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

FROM: Ben K. Anderson
Name (Printed or typed)

14270 87th Court N.
Address

Loxahatchee, FL 33470
City, State & Zip

(616) 450-7623
Daytime Telephone number

ben.andersondvm@gmail.com
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Northern Lights Integrative Medical Complex, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

14270 87th Court N.

Loxahatchee, FL 33470

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Veterinary Care and animal boarding

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ben K. Anderson, President

Name and Title: Christine A. Anderson, Vice President

Address: 14270 87th Court N.

Address: 14270 87th Court N.

Loxahatchee, FL 33470

Loxahatchee, FL 33470

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

2018 APR 10 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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: Ben K. Anderson
Address: 14270 87th Court N.
Loxahatchee, FL 33470

ARTICLE VII INCORPORATOR

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

Name: Ben K. Anderson
Address: 14270 87th Court N.
Loxahatchee, FL 33470

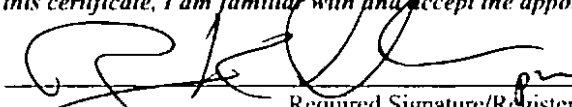
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: April 1, 2018. (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

4/1/2018

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

4/1/2018

Date