

P210000019121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

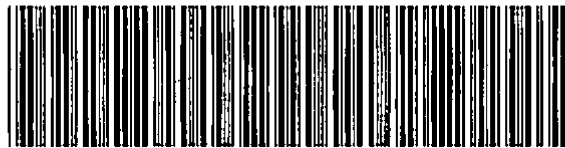
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2021 FEB 16 AM 9:54  
SECRETARY OF STATE  
TALLAHASSEE, FL

AB

# COVER LETTER

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

SUBJECT:

DrCatLady FL, incorporated

(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:

Ashley K Paper, DVM

Name (Printed or typed)

620 Howard Place

Address

Saint Augustine, FL 32086

City, State & Zip

(904) 669-7877

Daytime Telephone number

DrCatLady FL@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:

DrCatLady FL, incorporated

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ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

620 Howard Place

Saint Augustine, FL 32086

Mailing address, if different:

SECRETARY OF STATE

TALLAHASSEE, FL

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to practice Veterinary Medicine

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Ashley K Paper DVM, owner

Name and Title:

Address

620 Howard Place

Address:

Saint Augustine, FL  
32086

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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: Ashley K Paper DVM  
Address: 620 Howard Place  
Saint Augustine, FL 32086

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Ashley K Paper DVM  
Address: 620 Howard Place  
Saint Augustine, FL 32086

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: February 11, 2021. (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*

Ashley K Paper DVM 2-11-21  
Required Signature/Registered Agent 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.*

Ashley K Paper DVM 2-11-21  
Required Signature/Incorporator Date