

P21000097704

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

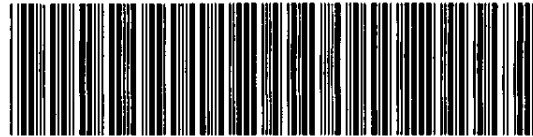
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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COVER LETTER

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

SUBJECT: Midbay Veterinary Hospital, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Maya Chapman

Name (Printed or typed)

179 Magnolia Street

Address

Niceville, FL 32578

City, State & Zip

850-420-0037

Daytime Telephone number

mayadvn@yahoo.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: Midbay Veterinary Hospital, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

179 Magnolia St

Niceville, FI 32578

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of this corporation is to perform any and all lawful business practices. The practices will be in area of veterinary medicine and the care of animals. The effective date of this corporation is February 1, 2014.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Maya Chapman	Name and Title:	Will S Chapman III
Address	President	Address:	Vice President
	179 Magnolia St		179 Magnolia St
	Niceville, FI 32578		Niceville, FI 32578
Name and Title:	Maya Chapman	Name and Title:	
Address	Secretary	Address:	
	179 Magnolia St		
	Niceville, FI 32578		
Name and Title:		Name and Title:	
Address		Address:	

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(conti.)

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: Maya Chapman
Address: 179 Magnolia St
Niceville, Fl 32578

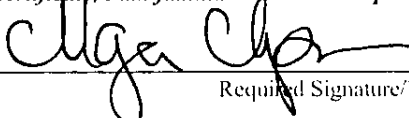
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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Name: Maya Chapman
Address: 179 Magnolia St
Niceville, Fl 32578

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

2/1/14
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

2/1/14
Date