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1/5/22, 4:18 PM

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From: Pedro Valdes (305)-397-2675

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : VALDES ACCOUNTING AND TAXES, INC.
Account Number : 120120000066
Phone : (305)227-2727
Fax Number : (305)397-2675

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: valdesaccounting@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
O'Durnin Veterinarian Consultant Inc

Certificate of Status	1
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January 6, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

VALDES ACCOUNTING

SUBJECT: O'DURNIN VETERINARIAN CONSULTANT INC
REF: W22000001399

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Name in article 1 and cover letter not matching,

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If you have any further questions concerning your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

FAX Aud. #: H22000006437
Letter Number: 422A00000385

(((H22000006437 3)))

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: O'Durnin Veterinarian Consultant Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

161 NW 131ST AVEPLANTATION FL 33325-2211**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: any and all Lawful Business**ARTICLE IV SHARES**The number of shares of stock is: 500**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: PATRICIA O'DURNIN President

Name and Title: _____

Address: 161 NW 131ST AVE

Address: _____

PLANTATION FL 33325-2211

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
	_____		_____
	_____		_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: PATRICIA O'DURNIN

Address: 161 NW 131ST AVE

PLANTATION FL 33325-2211

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: PATRICIA O'DURNIN

Address: 161 NW 131ST AVE

PLANTATION FL 33325-2211

2021 JUN -6 PM 2:34

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (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*1/1 Patricia O'Durnin

Required Signature/Registered Agent

1/5/2022

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.*1/1 Patricia O'Durnin

Required Signature/Incorporator

1/5/2022

Date