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(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

2022 FEB -7 AM 8:26

COVER LETTER

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

SUBJECT: Link Vet Services 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: Amanda Almeida Barbosa
Name (Printed or typed)

180 Tramore Place
Address

Melbourne Beach, FL 32951
City, State & Zip

+1(647) 202 - 7103
Daytime Telephone number

Linkvetsfl@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: Link Vet Services Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

180 Tramore Place

Melbourne Beach, FL 32951

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This corporation will be a
veterinary clinic providing veterinary services to the
public.

ARTICLE IV SHARES

The number of shares of stock is: 1

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Amanda Almeida Barbosa C.E.O Name and Title:

Address

180 Tramore Place

Address:

Melbourne Beach, FL

32951

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: Amanda Almeida Barbosa

Address: 180 Tramore Place

Melbourne Beach, FL 32951

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ARTICLE VII INCORPORATOR

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

Name: Amanda Almeida Barbosa

Address: 180 Tramore Place

Melbourne Beach, FL 32951

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

AB

Required Signature/Registered Agent

2/7/2022

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.

AB

Required Signature/Incorporator

2/6/2022

Date