TRANSMITTAL LETTER

P96000095058

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

SUBJECT: FELINE, AVIAN & EXOTIC ANIMAL HOSPITAL, INC.
(Proposed corporate name - must include suffix)

900000200379--8
-11-96--01011--005
131.25 ****131.25

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ $70.00 Filing Fee	☐ $78.75 Filing Fee & Certificate	☐ $122.50 Filing Fee & Certified Copy	☐ $131.25 Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: MICHAEL J. PERRY
Name (Printed or typed)

427 BROADWAY
Address

DUNEDIN, FL 34698
City, State & Zip

(813) 733-5732
Daytime Telephone number

FILED
96 NOV 18 AM 11:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

11/18

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

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

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TALLAHASSEE FLORIDA

ARTICLE I : NAME

The name of the corporation shall be:

FELINE, AVIAN & EXOTIC
ANIMAL HOSPITAL, INC.

ARTICLE II : PRINCIPLE OFFICE

The principle place of business and mailing address of this corporation shall be:

916 Broadway
Dunedin, Florida 34698

ARTICLE III : SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

One Hundred Thousand (100,000) shares of common stock.

ARTICLE IV : INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Michael J. Perry
427 Broadway
Dunedin, Florida 34698

ARTICLE V : INCORPORATOR(S)

The name(s) and street address(s) of the incorporator(s) to these Articles of Incorporation is(are):

Michael J. Perry & Diane Perry, DVM
427 Broadway
Dunedin, Florida 34698

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 6th day of November , 1996.

Michael J. Perry
Signature

Duane Perry DVM
Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: FELINE, AVIAN & EXOTIC ANIMAL HOSPITAL, INC.

2. The name and address of the registered agent and office is:

MICHAEL J. PERRY
(NAME)

427 BROADWAY
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

DUNEDIN, FL 34698
(CITY/STATE/ZIP)

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Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Michael J. Perry
(SIGNATURE)

(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314