

**PA 2000050203**

**LOCAL REPRESENTATIVE TALLAHASSEE**

Requestor's Name  
 890 S.W. 7 AVENUE, SUITE: 10  
 Address  
 MIAMI, FLORIDA 33174 (305)552-5973  
 City/State/Zip Phone #

200002203962--0  
 -06/06/97--01044--021  
 \*\*\*\*122.50 \*\*\*\*122.50

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

- ANIMAL STERILIZATION & IMMUNIZATION  
 (Corporation Name) (Document #)
- SERVICE INC.  
 (Corporation Name) (Document #)
- \_\_\_\_\_  
 (Corporation Name) (Document #)
- \_\_\_\_\_  
 (Corporation Name) (Document #)

**EFFECTIVE DATE**  
 7-1-97

97 JUN -6 PM 12:53  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

**FILED**

- Walk in     Pick up time 2:00     Certified Copy
- Mail out     Will wait     Photocopy     Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

*Handwritten signature and date: 6/6/97*

**RECEIVED**  
 97 JUN -6 AM 10:20  
 DIVISION OF CORPORATION

Examiner's Initials

ARTICLES OF INCORPORATION

The Undersigned, acting as incorporator of a corporation, under the Florida General Corporation Act., adopts the following Articles of incorporation for Such Corporation.

ARTICLE I

The name of the Corporation is ANIMAL STERILIZATION & IMMUNIZATION SERVICE INC.

ARTICLE II

The date of commencement of corporate existence is the 1 day of July 19 97, and the period of its duration is perpetual

ARTICLE III

The purpose of the corporation is to engage in any activities or business permitted under the laws of the United States or the State of Florida

ARTICLE IV

The Corporation shall have the authority to issue 100 shares, all in one class \$ 1.00 Value

ARTICLE V

The Address of its Registered Office is 2526 S.W. 27TH AVENUE MIAMI, FLORIDA 33133, This is the Principal Office of the Corporation, and the name of its initial Registered Agent (s) (is) are) FERNANDO FIGAROLA

ARTICLE VI

The number of Director (s) constituting its initial Board of Directors (is) (are) TWO (which) (whose) name (s) (is) (are)---- MABEL BASTERRECHEA, FERNANDO FIGAROLA

ARTICLE VII

The name and address of the incorporator (s) (is) (are)-----  
PRESIDENT & TREASURER MABEL BASTERRECHEA 4015 UNIVERSITY DR. CORAL GABLE, FL  
VICE-PRES. & SECRETARY FERNANDO FIGAROLA 4000 GRANADA BLVD. CORAL GABLES 33146  
FL. 33146

ARTICLE IX

Preemptive Rights shall be as follows: Subject to the restrictions of the Florida General Corporation Act., the holders of the common stock of this corporation shall have preemptive rights to purchase at prices, terms and conditions that shall be fixed by the Board of Directors, such of the shares of the stock of the corporation as may be issued for money or any property, or services from time to time, in----- addition to that stock authorized (and issued) by the Corporation. The preemptive right of any holder is determined by the ratio of the authorized and issued shares of common stock held by the Holder to all shares of common stock currently authorized and issued.

DATED THIS 4 day of JUNE 19 97

X MABEL BASTERRECHEA X \_\_\_\_\_  
X FERNANDO FIGAROLA X \_\_\_\_\_  
X \_\_\_\_\_ X \_\_\_\_\_  
X \_\_\_\_\_ X \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
JUN 25 PM 12:55  
EFFECTIVE DATE  
JUN 25 1997

STATE OF FLORIDA ) S. S.  
COUNTY OF DADE )

BEFORE ME, The Undersigned authority, personally appeared-----  
MABEL BASTERRECHEA, FERNANDO FIGAROLA

Who (is) Whose (are) to me well(known) to be the Person (s)-----  
described in and (who) (whose) to the above Articles of-----  
Incorporation, and (he) (they) (she) did freely and voluntarily----  
acknowledged before me according or according us to law that-----  
(he) (they) (she) made and subscribed the same for the uses and ----  
purposes therein mentioned and set forth.

IN WITNESS WHEREOF (I) (We) have hereunto set (my) (our) amd (a)  
and (my) (our) official seal, at Miami Dade, County Florida this--  
[ 4 day of JUNE 19 97



ANA M. CONDIS  
My Comm Exp. 9/11/98  
Bonded By Service Ins  
No. CC406340  
 Personally Known  Other

X *Ana M. Condis*  
NOTARY PUBLIC

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE  
OF PROCESS WITHIN THIS STATE: NAMING AGENT UPON PROCESS MAY BE -----  
SERVED: In pursuance of Chapter 48.091 Florida Statutes, the following  
if submitted in compliance with said Act.

First ANIMAL STERILIZATION & IMMUNIZATION SERVICE INC.  
desiring to organize under the laws of the State of Florida with  
its principal office as indicated in the Articles of Incorporation  
at the City of MIAMI County of Dade, State of  
Florida, has named FERNANDO FIGAROLA, located at---  
2526 S.W. 27TH AVENUE MIAMI, FL. 33133

as its Agent to accept. services of process within this State  
ACKNOWLEDGEMENT: Having been named to accept. services of process  
for the above State Corporation, at place designated in this-----  
Certificate: (I) (We) hereby accept. to act. in this capacity----  
and agree to comply with the provisions of said Act., relative  
to keeping open Said Office

X *Fernando Figarola*  
RESIDENT AGENT.  
FERNANDO FIGAROLA