P98000078223

ACTION PARALEGAL SERVICE, INC. 2310-C E. Robinson Street Orlando, FL 32803 (407) 228-0227

Date: August 28 1998

*****70.00 *****70.00

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

RE: ALL ANIMALS VETERINARY CLINIC, INC.

Dear Clerk:

Please find the Articles of Incorporation and the Registered Agent for ALL ANIMALS VETERINARY CLINIC, INC. A check# /723 for seventy dollars is enclosed. Please send the letter of confirmation to Action Paralegal Service at 2310-C. E. Robinson St. Orlando, FL 32803, Thank you.

If you have any questions contact me at Action Paralegal Service, Inc. (407) 228-0227.

Sincerely,

Virginia H. Bell

Paralegal

Enclosed original Articles

-255T, 6H-



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

September 1, 1998

VIRGINIA H. BELL, PARALEGAL ACTION PARALEGAL SERVICE, INC. 2310-C E ROBINSON STREET ORLANDO, FL 32803

SUBJECT: ALL ANIMAL'S VETERINARY CLINIC, INIC.

Ref. Number: W98000019988

We have received your document for ALL ANIMAL'S VETERINARY CLINIC, INIC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as Registered Agent.)

The registered agent must sign accepting the designation.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6923.

Letter Number: 198A00044985

Doris McDuffie Corporate Specialist Supervisor

FILED

ARTICLES OF INCORPORATION

98 SEP -8 AM 8: 08

FOR

SECRETARY OF STATE TALLAHASSEE. FLORIDA

ALL ANIMALS VETERINARY CLINIC INC.

I, the undersigned, acting as incorporator of a corporation pursuant to chapter 607, Florida Statutes, adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

ALL ANIMALS VETERINARY CLINIC, INC.

ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

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

6829 W. Colonial Dr., Orlando, FL 32818

ARTICLE III PURPOSE

veterinary services.

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is as follows:

By appointment of the president

ARTICLE V OFFICERS

DR. KRISTEN SWANSON, President

ARTICLE VI STOCKS

There will be 100 shares of common stock with no par value held by the only officer, Dr. Kristen Swanson.

ARTICLE VII LIMITATION OF CORPORATE POWERS

The corporate powers of this corporation are as provided in section 607.0302, Florida Statutes.

ARTICLE VIII INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and the street address of the initial registered agent is:

DR. KRISTEN SWANSON, 6829 W. Colonial Dr. Orlando, FL 32818

ARTICLE IX INCORPORATOR

The name and street address of the incorporator for these Articl	es of Incorporation is: DR.
KRISTEN SWANSON, 6829 W. Colonial Dr., Orlando, FL 32	818, signed as Incorporator has
executed these Articles of Incorporation this $2 \rightarrow 2$ day of $4 \rightarrow 2$	ugust 1998.
<u> </u>	•

Signature of the Incorporator

DR. KRISTEN SWANSON typed name of Incorporator

This form was completed with the assistance of Action Paralegal Service, at 2310-C. E. Robinson Street, Orlando, FL 32803, (407) 228-0227, helped Dr. Kristen Swanson,

<u>CERTIFICATE OF DESIGNATION</u> REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions os sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement is designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

ALL ANIMALS VETERINARY CLINIC, INC. 6829 W. Colonial Dr. Orlando, Es 32818.

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

KRISTEN SWANSON. 6829 W. Colonial Dr. Orlando, FL 32818

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE OF DESIGNATION 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.

SIGNATURE:_

DATE: <u>9-3</u>

This form was completed with the assistance of Action Paralegal Service, Inc. at 2310-C. E. Robinson St. Orlando, FL 32803, (407) 228-0227.