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

Tallanassee, FL 323	314							
SUBJECT:	MOBILE HOLISTIC (Proposed corpor	VETERINARY Crate name - must include suf	ARE, I	ÑC,	view	· 		
		ď	(7(7) (7) (7) -05/ ***	2875 14/390 **78.75	239- 10400 ******	3 121 18.75		
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 of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL COI	Status	ee, d Copy ficate of				
FROM:	Lo15 KSAK Name (Pr	PAENT DVM inted or typed)			र । १ सर ४६	.,		
6471 TAMIAMI CANAL RESTRICTION Address								
	MIAMI FL City, S	33/26 State & Zip		HASSEE, FL				
	(B) 305- 314-382 Daytime Te	87- lephone number	 	IZ: 16 STATE ORIDA	T	= ¹ .		

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

DD 5/14



ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florid	da
Business Corporation Act, hereby adopts the following Articles of Incorporation.	

n under the Florida poration.	SECONAY 14 D
	TALLAHASSEE OF ST. 16
E DVC	LE, FLORION

ARTICLE I NAME

The name of the corporation shall be:

MOBILE HOLISTIC VETERINARY CARE, INC.

ARTICLE II PRINCIPAL OFFICE

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

6471 TAMIAMI CANAL RD

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: $\frac{2}{3}$

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

6018 K SARGENT DYM 6471 TAMIAMI CANAL PD MIAMI PL 33126

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

LOIS K SARGENT DVM 6471 TAMIAMI CANAL BY MIAMI FZ 33/26

Signature/Incorporator

Sorator Date

(An additional article must be added if an effective date is requested.)

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

Signature/Registered Agent

Date