

TRANSMITTAL LETTER

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

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-09/30/99--01077--006
*****78.75 *****78.75

MICHAEL P. BREDEHOEFT, DVM, P.A.

SUBJECT: _____

(Proposed corporate name - must include suffix)

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

FILED
SEP 30 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM: *MICHAEL P. BREDEHOEFT*
Name (Printed or typed)

2905 ALGONQUIN AVE.
Address

JACKSONVILLE, FL 32210
City, State & Zip

(904) 387-0537
Daytime Telephone number

Michael Bredehoft GAVE
AUTHORIZATION BY PHONE TO
CORRECT *9-21-99*
DATE *10/4/99*
LOC. EXAM *Doris Browner*

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

D. BROWN OCT - 4 1999

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

MICHAEL P. BREDEHOEFT, DVM, P.A.

ARTICLE II PRINCIPAL OFFICE

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

2905 ALGONQUIN AVE.
JACKSONVILLE, FL 32210

ARTICLE III SHARES

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

100 (ONE HUNDRED)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

MICHAEL P. BREDEHOEFT
2905 ALGONQUIN AVE
JACKSONVILLE, FL 32210

ARTICLE V INCORPORATOR

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

MICHAEL P. BREDEHOEFT
2905 ALGONQUIN AVE
JACKSONVILLE, FL 32210

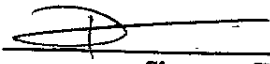

Signature/Incorporator

9-27-99
Date

ARTICLE VI PURPOSE

The purpose of this professional service corporation is the practice of veterinary medicine. (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

9-27-99
Date