

TRANSMITTAL LETTER

P99000094144

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

400003024014--3
-10/25/99--01105--004
*****78.75 *****78.75

SUBJECT: Pet Health Insurance Providers, Inc.
(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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Pet Health Insurance Providers, Inc
Name (Printed or typed)
425 Timberwalk Ct, #1134, Ponte Veda, FL. 32082
P.O. Box 970
Address
Ponte Veda, FL. 32004
City, State & Zip
904-332-4500
Daytime Telephone number

FILED
99 OCT 25 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

6/26/99

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: Pet Health Insurance Providers, Inc

ARTICLE II PRINCIPAL OFFICE 425 Timberwalk Ct, #1134

The principal place of business and mailing address of this corporation shall be: Ponte Vedra, FL 32082
Mailing: P.O. Box 970
Ponte Vedra, FL 32004

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: J. Lou Pettigrew
425 Timberwalk Ct, #1134
Ponte Vedra, FL 32004

ARTICLE V INCORPORATOR

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

J. Lou Pettigrew
425 Timberwalk Ct, #1134
Ponte Vedra, FL 32004

J. Lou Pettigrew
Signature/Incorporator

10-19-1999
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

J. Lou Pettigrew
Signature/Registered Agent

10-19-1999
Date

FILED
OCT 25 AM 11:34
99
STATE OF FLORIDA
TALLAHASSEE