





## STATE OF CALIFORNIA Office of the Secretary of State ARTICLES OF INCORPORATION CA PROFESSIONAL CORPORATION

California Secretary of State 1500 11th Street Sacramento, California 95814 (916) 657-5448



For Office Use Only

-FILED-

File No.: 6480041 Date Filed: 1/1/2025

Corporation Name	
Corporation Name	Chayim Veterinary Services, Inc
Initial Street Address of Principal Office of Corp	oration
Principal Address	5447 VIA ALCAZAR SAN DIEGO, CA 92111
Initial Mailing Address of Corporation	
Mailing Address	5447 VIA ALCAZAR SAN DIEGO, CA 92111
Attention	Paul Klaus
Directors	
Director Name	Director Address
Paul Klaus	5447 VIA ALCAZAR SAN DIEGO, CA 92111
Agent for Service of Process	
Agent Name	Paul Klaus
Agent Address	5447 VIA ALCAZAR SAN DIEGO, CA 92111
Shares The total number of shares the corp	pration is authorized to issue is: 1,000,000
Does the corporation have more tha	n one class or series of shares? No
activities (other than the banking or	engage in the profession of Veterinary Medicine and Services and any other lawful rust company business) not prohibited to a corporation engaging in such profession by s corporation is a professional corporation within the meaning of California Corporations
Future File Date	01/01/2025
Additional information and signatumade part of this filing.	es set forth on attached pages, if any, are incorporated herein by reference and
Electronic Signature	
I declare that I am the person w	no executed this instrument, which execution is my act and deed.
Paul Klaus	12/02/2024

Remove your new Pocket License from the receipt portion and carry it with you at all times.

(Please cut along the dotted lines)

## Veterinary Medical Board

1747 N. Market Boulevard, Suite 230 Sacramento, CA 95834 (916) 263-2610





## VETERINARIAN

License No. VET18458

Signature

PAUL KLAUS 5447 VIA ALCAZAR SAN DIEGO, CA 92111-4608 Expiration 05/31/2026

Receipt No. 60161

Pacaint No

Veterinary Medical Board 1747 N. Market Boulevard, Suite 230 Sacramento, CA 95834 (916) 515-5220

## IMPORTANT

- Please include your license number on any correspondence to this office.
- Notify the Board of any name or address change in writing.
- 3. Report any loss immediately in writing to the Board.
- 4. Please sign and carry the pocket license with you.

License No.

Expiration Date

Receipt No.

VET18458

05/31/2026

60161

PAUL KLAUS

This is your RECEIPT.

Please save for your records.

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