

Division of Corporations

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LIMITED LIABILITY COMPANY

ALL PETS VETERINARY HOSPITAL, L.L.C.

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**ARTICLES OF ORGANIZATION**  
 for  
**ALL PETS VETERINARY HOSPITAL, L.L.C.**  
 A Florida Limited Liability Company

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 TALLAHASSEE, FLORIDA

The undersigned, desiring to form a Limited Liability Company under and pursuant to Florida Statute 608, entitled the Florida Limited Liability Company Act, do hereby adopt the following Articles of Organization for such Company:

1. Name. The name of this Company shall be: ALL PETS VETERINARY HOSPITAL, L.L.C.
2. Address. The mailing address and street address of the principal office of the Limited Liability Company is: 3188 SW Martin Downs Blvd., Palm City, FL 34990.
3. Duration/Continuation. The period of this Company's duration shall be perpetual, unless terminated by the unanimous written agreement of all Members, or by the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member or upon the occurrence of any other event which terminates the continued membership of a Member, unless the business of the company is continued by the consent of all the remaining members, or by amendment to these Articles of Organization providing for the continued existence of the company subsequent to the foregoing events.
4. Purposes. The purpose for which this Company is being formed is to engage in any activities or business permitted for this Company under the laws in the State of Florida.
5. Management. The Limited Liability Company is to be managed by its member and the name and address of such member who is to serve as manager is:  

Michael V. Coughlan, D.V.M.  
 3188 SW Martin Downs Blvd.  
 Palm City, FL 34990
6. Registered Agent. The address of the registered office of this Limited Liability Company and the agent at said address is:

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Fernando M. Giachino  
1100 South Federal Highway  
Stuart, Florida 34994

**IN WITNESS WHEREOF**, the undersigned has hereunto set his hand and seal this 15th of August, 2001. In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under penalties of perjury that the facts stated herein are true.

MEMBER:

  
Michael V. Coughlan, D.V.M.

STATE OF FLORIDA  
COUNTY OF MARTIN

**BEFORE ME**, the undersigned authority, personally appeared Michael V. Coughlan, D.V.M., to me known to be the person who executed the foregoing Articles of Organization and he acknowledged to and before me that he executed such instrument.

**IN WITNESS WHEREOF**, I have hereunto set my hand and seal this 15th day of August, 2001.

(Notary Seal)



Janet S. Grose  
MY COMMISSION # C0854061 EXPIRES  
July 17, 2001  
BONDED THRU TROY PAIN INSURANCE, INC.

  
Notary Public, State of Florida  
My Commission Expires:

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TALLAHASSEE COUNTY

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**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.


6. The name of the Limited Liability Company is:

**ALL PETS VETERINARY HOSPITAL, L.L.C.**

7. The name and the Florida street address of the registered agent and office are:

**FERNANDO M. GIACHINO  
1100 S Federal Highway  
Stuart, Florida 34994**

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

  
\_\_\_\_\_  
Fernando M. Giachino  
Registered Agent

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