

L13000027047 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

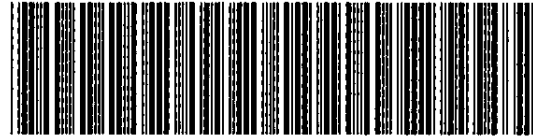
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600239134156

09/06/12--01019--010 \*\*105.00

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13 FEB 20 AM 9:57  
SOUTH FLORIDA  
FALL RIVER, FLORIDA

B. BOSTICK  
FEB 21 2013  
EXAMINER

(850) 245-6051.

Resubmit.

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ANIMAL EMERGENCY HOSPITAL VOLUSIA  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tania Marchand MD  
Name of Person

Animal Emergency Hospital Volusia  
Firm/Company

918 Ridgewood Ave  
Address

Holly Hill FL 32117  
City/State and Zip Code

AZHVCHH@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tania Marchand MD at ( 386 ) 478-9435  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ANIMAL EMERGENCY Hospital Volusia LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**Mailing Address:**

918 Ridgewood Ave  
Holly Hill FL 32117

Same

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

AIA Registered Agent Inc  
Name

5847 110th Ave North  
Florida street address (P.O. Box **NOT** acceptable)

Royal Palm Beach FL 33411  
City, State, and Zip

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

*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 as provided for in Chapter 608, F.S..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Tania Marchand  
918 Ridgewood Ave  
Holly Hill, FL 32117

MGRM

Diane Johnson DVM  
918 Ridgewood Ave  
Holly Hill, FL 32117

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_


\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)**

**(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)**

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Tania Marchand  
Typed or printed name of signer

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**
- \$ 30.00 Certified Copy (Optional)**
- \$ 5.00 Certificate of Status (Optional)**

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 13 FEB 20 AM 9:57  
 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 7, 2012

TANIA MARCHAND MD  
ANIMAL EMERGENCY HOSPITAL VOLUSIA, LLC  
918 RIDGEWOOD AVENUE  
HOLLY HILL, FL 32117

SUBJECT: ANIMAL EMERGENCY HOSPITAL-VOLUSIA, LLC  
Ref. Number: L06000024926

We have received your document for ANIMAL EMERGENCY HOSPITAL-VOLUSIA, LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Revocation of Dissolution can only be filed within 120 days of the effective date of the Articles of Dissolution. Our records reflect the Articles of Dissolution became effective on and our office received the Articles of Revocation of Dissolution on August 11, 2011. Therefore, the enclosed document cannot be filed and is being returned to you.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 012A00022667

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SEP 14 2012  
TALLAHASSEE, FLORIDA



- Accounts
- Transfers
- Payments
- Payroll
- Services
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- Preferences
- User Permissions

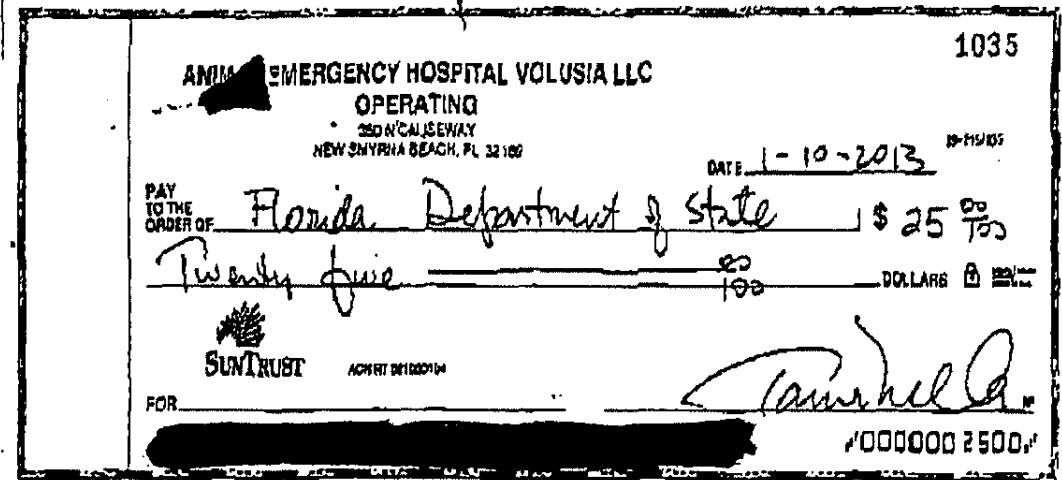
View Transaction  
Use this screen to view a cleared transaction.

Transaction Information

**Account:** Total Business Banking \*\*\*\*\*3599  
**Transaction:** Debit with image 1035  
**Date Cleared:** 01/15/2013  
**Amount:** \$25.00

**Date Initiated:** 01/15/2013  
**FI Reference ID:** 20130115000000000250000000010350000052  
**Description:** CHECK

Transaction Image



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 TALLAHASSEE, FLORIDA

Validation Lost, can't find deposit info

510 69010  
 510 6301  
 510 83010  
 510 80010  
 510 80010

BANK OF AMERICA  
 PHOENIX AZ 85001  
 02/15/13  
 5550338937

01/14/13  
 01/15/13  
 01/15/13  
 01/15/13  
 01/15/13

BACK