Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000146441 3)))



H090001464413ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: COMITER & SINGER, LLP

Account Number : I2000000085

: (561)626-4742

Phone Fax Number

: (561)626-4742

FLORIDA/FOREIGN LP/LLLP

Palm Beach Veterinary Specialty Hospital, LLLP

| Certificate of Status | 0 |
|-----------------------|------------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$1,000.00 |

A. LUNT

JUN 2 2 2009

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|---|
| SUBJECT: Palm Beach Veterinary Name of Florida Limited Partnership or | Specialty Hospital, LLLP Limited Liability Limited Partnership |
| The enclosed Certificate of Limited Partnership and | fees are submitted for filing. |
| Please return all correspondence concerning this man | tter to: |
| Alan H. Baseman, Esq. | - 10-11-11-1 |
| Contact Person | • |
| Comiter, Singer, Baseman & Braun, LLP | · |
| Firm/Company | 77 |
| 3801 PGA Boulevard, Suite 604 | |
| Address | 9 JI AH |
| Palm Beach Gardens, FL 33410 | ASA Z 7 |
| City, State and Zip Code | |
| asprague@comitersinger.com E-mail address: (to be used for future annual report notifi | TO E I |
| For further information concerning this matter, pleas | |
| Anne Sprague at (| 561) 626-2101 |
| | Code and Daytime Telephone Number |
| Enclosed is a check for the following amount: | |
| | 2.50 Filing Fees \$1,061.25 Filing Fees, ified Copy Certified Copy, and Certificate of Status |
| Registration Section Division of Corporations Clifton Building | MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 |

H090001464413

CR2E030 (01/06)

CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

| | imited Fartnership or Limited Liability Limited Partnership, which must include sufficed Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. | îx) | | |
|---------------------------------------|--|--------------|------------|---|
| | ited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L. | L.L.P, | | |
| 2 | 2401 PGA Boulevard, Suite 272 | | | |
| | (Street address of initial designated office) | | | |
| | Palm Beach Gardens, FL 33410 | | | |
| 3. | Alah H. Baseman, Esq. | TALL TALL | ? 2 | |
| | (Name of Registered Agent for Service of Process) | ≥2 | , 3 | |
| 4. | 3801 PGA Boulevard, Suite 604 | HAS. | I HIT GOOZ | 7 |
| | (Plorida street address for Registered Agent) | | 19 | |
| · · · · · · · · · · · · · · · · · · · | Palm Beach Gardens, FL 33410 | 140 110 | 4 | |
| comply with the | cept the appointment as registered agent and agree to act in this capacity. I further a provisions of all statutes relative to the proper and complete performance of my duti ar with and accept the obligations of my position as registered agent. | STATE | AM II: OL | D |
| | May Haseman | | | |
| | Signature of Registered Agent | | | |
| 6 | 2401 PGA Boulevard, Sulte 272 | | | |
| | (Mailing address of initial designated office) | | | |
| | | | | |

Page 1 of 2

H090001464413

| 8. Name and business address of eac Name: | h general partner: Business Address: | |
|---|---|-------------|
| PBVSH GPNER, LLC | 2401 PGA Boulevard, Suite 272 | |
| | Palm Beach Gardens, FL 33410 | |
| | · · · · · · · · · · · · · · · · · · · | |
| | | |
| | | |
| | | ~ |
| · · · · · · · · · · · · · · · · · · · | ECRE T | S S T |
| | SSEE, | 119 |
| | STATE | |
| 9. Effective date, if other than the date of fill | ing: | <u> </u> |
| (Effective date cannot be prior to nor filed by the Florida Department of Sta | more than 90 days after the date the document is atc.) | |
| Signed this 18th day of | June | |
| Signature of each general partner: | | |
| PBVSH GPNER, LLC | | • |
| BX: | 1 | |
| Robert Rea Shapiro Manager | | |
| Certified Copy (optional): | \$1,000.00 (\$965 Filling Fee and \$35 Registered Agent Fee) \$52.50 \$8.75 | |

Page 2 of 2

H090001464413