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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations.
Fax Number : (850) 617-6383

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1515

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

Email Address: _____

FLORIDA/FOREIGN LP/LLLP

South Florida Regional Veterinary Specialty Hospital

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

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

A. LUNT

MAY 27 2010

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

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

1. South Florida Regional Veterinary Specialty Hospital, LLLP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.
or LLLP.

2. 2401 PGA Boulevard, Suite 272

(Street address of initial designated office)

Palm Beach Gardens, Florida 33410

3. Robert Lee Shapiro

(Name of Registered Agent for Service of Process)

4. 2401 PGA Boulevard, Suite 272

(Florida street address for Registered Agent)

Palm Beach Gardens, Florida 33410

5. 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Signature of Registered Agent

6. 2401 PGA Boulevard, Suite 272

(Mailing address of initial designated office)

Palm Beach Gardens, Florida 33410

7. If limited partnership elects to be a limited liability limited partnership, check box ☒

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TALLAHASSEE FLORIDA

8. Name and business address of each general partner:

Name:Business Address:SFR GP, LLC2401 PGA Boulevard, Suite 272Palm Beach Gardens, Florida 33410611-262113

9. Effective date, if other than the date of filing:

*(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)*Signed this 24th day of May, 2011

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are 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.

South Florida Regional Veterinary Specialty Hospital, LLP

By: SFR GP, LLC, its General Partner

By:

Robert Lee Shapiro, Manager

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL 32399

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