

ACCOUNT FILING COVER SHEET
NUMBER: FC0000000005 2086

REFERENCE:
(Sub Account)

DATE:

REQUESTOR NAME: Lexis Document Services

ADDRESS:

TELEPHONE: () () ext ()

CONTACT NAME:

CORPORATION NAME: Lake Worth Road Veterinary Clinic, Inc.

DOCUMENT NUMBER:
(if applicable)

AUTHORIZATION:

CERTIFIED COPY (1-2)
 CERTIFICATE OF STATUS (1-2)
 PLAIN STAMPED COPY

() Call When Ready
() Walk In
() Hall Out

() Call if Problem
() Will Wait

() After 4:30
() Pick Up

600003662776--2

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

01 FEB - 8 10 15

DELETED

THE SCIENCE OF

01 FEB - 0 PM 4: 11

APPROVED
FILED

28-01

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Lake Worth Road Veterinary Clinic, LLC

ARTICLE II - Address:

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

4975 Lake Worth Road
Lake Worth, FL 33463

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

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

Lexis Document Services Inc.

Name

3953 W.W. Kelley Road

Florida street address (P.O. Box **NOT** acceptable),
Tallahassee FL 32311

City, State, and Zip

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..

Anthony G. Shuck, Jr.
Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

R. James Woloshyn
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.)

R. James Woloshyn, Authorized representative of member

Typed or printed name of signee

FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL)

01 FEB - 8 PM 4:11
RECEIVED
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED