

L02000028902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

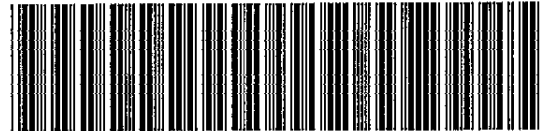
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/30
rest

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, Fl 32308

City/St/Zip

850-222-2785

Phone #

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1- OLIVER & ASSOCIATES, P.L.
- 2-
- 3-
- 4-

☒ Walk-in

☐ Pick-up time ASAP

☒ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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Examiner's Initials

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION OF
OLIVER & ASSOCIATES, P.L.
a Florida Professional Limited Liability Company**

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

**ARTICLE I
Name of Company**

The name of the Professional limited liability company (hereinafter referred to as the "Company") is: **OLIVER & ASSOCIATES, P.L.**

**ARTICLE II
Address of Company**

The mailing address and street address of the principal office of the Company is: 4075 Pine Ridge Road, Unit 14, Naples, Florida 34119.

**ARTICLE III
Registered Agent and Office**

The name of the Company's initial registered agent in Florida is: Dr. Fitzgerald Oliver; and the address of the Company's registered agent in Florida is: 4075 Pine Ridge Road, Unit 14, Naples, Florida 34119.

**ARTICLE IV
Professional Limited Liability Company**

The Company is organized as a professional limited liability company pursuant to Chapter 621, Florida Statutes.

**ARTICLE V
Purpose**

The Company is organized for the purpose of engaging in the practice of veterinary medicine.

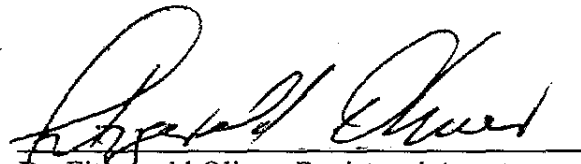
Dated this 21 day of October, 2002.


Dr. Fitzgerald Oliver, Member

ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent to accept service of process for the above-stated Company, at the place designated in these Articles of Organization, the undersigned hereby agrees to act as registered agent, and states that the undersigned is familiar with, and accepts, the obligations of registered agent as provided for under applicable Florida statutes.

Dated this 21 day of October, 2002.


Dr. Fitzgerald Oliver, Registered Agent

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