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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : TURNBERRY ASSOCIATES
Account Number : I19990000201
Phone : (305) 933-5505
Fax Number : (305) 933-5535

LIMITED LIABILITY COMPANY

Miami Beach Animal Hospital, LLC

Certificate of Status	1
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APPROVED
03 AUG 19 13:30
SECRETARY OF STATE
DIVISION OF CORPORATIONS

RECEIVED
03 AUG 19 PM 2:24
DIVISION OF CORPORATION

JB
8-19-03

ARTICLES OF ORGANIZATION

FOR

MIAMI BEACH ANIMAL HOSPITAL, LLC

I.

NAME

The name of the limited liability company (the "Company") is

MIAMI BEACH ANIMAL HOSPITAL, LLC

II.

DURATION

The period of duration of the Company is perpetual unless terminated pursuant to its Regulations.

03 AUG 19 PM 3:00
FILED
CLERK OF DISTRICT COURT
MIAMI BEACH, FLORIDA

III.

STREET AND MAILING ADDRESS

The street and mailing address of the principal office of the Company in the State of Florida is 19501 Biscayne Boulevard, Suite 400, Aventura, FL 33180.

IV.

REGISTERED AGENT

The name and address of the initial registered agent of the Company in the State of Florida is Marsha Soffer, 19501 Biscayne Boulevard, Suite 400, Aventura, FL 33180.

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V.

ADDITIONAL MEMBERS

The Members shall have no right to admit additional Members except upon the unanimous written consent of the Members.

VI.

CONTINUITY OF BUSINESS

The remaining Members of the Company may continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member or the occurrence of any other event which terminates the continued membership of a Member in the Company upon the consent of the majority of the remaining Members.

VII.

MANAGEMENT

Subject to the right of the Members to elect a Manager or Managers, as set forth in the Regulations of the Company, the day-to-day management of the Company is reserved to the Managing Member, whose name and address is:

Jon J. Rappaport

c/o 19501 Biscayne Boulevard,
Suite #400
Aventura, FL 33180

03 AUG 19 74 3:00
STOKESVILLE
TALAMON STREET
FL 32080

ALFRED
AND
ELLEN

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VIII.

SUBSCRIBERS

The name and address of the person executing these Articles of Organization is Marsha Soffer, 19501 Biscayne Boulevard, Suite 400, Aventura, FL 33180.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 18th day of August, 2003.

By: 

Marsha Soffer,
Authorized Agent

ACCEPTANCE BY REGISTERED AGENT

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED COMPANY, AT THE PLACE DESIGNATED IN ARTICLE IV OF THESE ARTICLES OF ORGANIZATION, THE UNDERSIGNED HEREBY ACKNOWLEDGES THAT SHE IS FAMILIAR WITH, AND ACCEPTS, THE OBLIGATIONS OF THAT POSITION, AND FURTHER AGREES TO ACT IN THIS CAPACITY, AND TO COMPLY WITH THE COMPLETE DISCHARGE OF HER DUTIES.

DATED THIS 18th DAY OF AUGUST, 2003


MARSHA SOFFER

03 AUG 19 PM 3:00
STATE OF FLORIDA
CLERK OF COURT