

L03000056430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

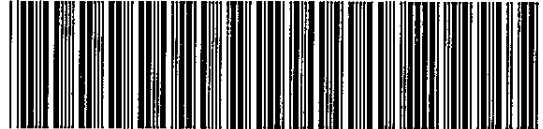
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

BK

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FL 32308

City/St/Zip

850-222-2785

Phone #

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TALLAHASSEE, FLORIDA
REGISTERED STATE

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

1- LEHIGH CORSSROADS PET HOSPITAL, LLC

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 |

Examiner's Initials

**ARTICLES OF ORGANIZATION OF
LEHIGH CROSSROADS PET HOSPITAL, LLC.
a Florida Limited Liability Company**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

**ARTICLE I
Name of Company**

The name of the limited liability company (hereinafter referred to as the "Company") is: LEHIGH CROSSROADS PET HOSPITAL, LLC.

**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.

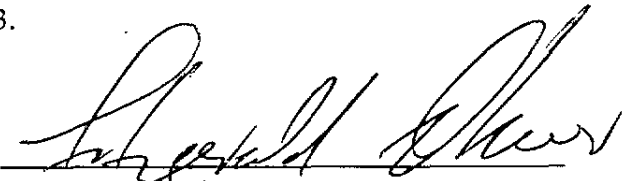
Dated this 22nd day of December 2003.


DR. FITZGERALD OLIVER
Authorized Representative

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 25th day of December 2003.



Dr. Fitzgerald Oliver,
Registered Agent