

L04000008270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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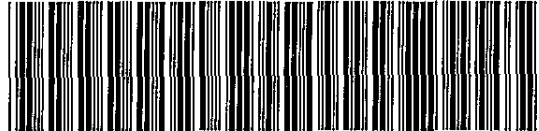
(Business Entity Name)

(Document Number)

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*Handwritten signature*

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04 JAN 29 AM 10:52  
DIVISION OF CORPORATION

FILED  
04 JAN 30 PM 12:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATE  
ACCESS,  
INC.**

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

**WALK IN**

PICK UP 1-29-04 Kelly  
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TALLAHASSEE, FLORIDA

☒ CERTIFIED COPY \_\_\_\_\_

\_\_\_\_\_ CUS \_\_\_\_\_

\_\_\_\_\_ PHOTO COPY \_\_\_\_\_

☒ FILING P.L.

1.) Polk Equine, P.L.  
(CORPORATE NAME & DOCUMENT #)

2.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

3.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

4.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

5.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

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04 JAN 30 AM 11:11  
STATE  
DIVISION OF  
TALLAHASSEE, FLORIDA

SPECIAL INSTRUCTIONS \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

January 29, 2004

CORPORATE ACCESS

TALLAHASSEE, FL

SUBJECT: POLK EQUINE, P.L.  
Ref. Number: W04000003965

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04 JAN 30 PM 12:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for POLK EQUINE, P.L. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$155.00.

You have used the suffix "P.L." which would indicate that this is a professional limited liability company. If this is the case, the articles must contain a statement of the specific professional practice in which the company will engage.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr  
Document Specialist

Letter Number: 104A00006165

*Revised - Art IV.*

**ARTICLES OF ORGANIZATION  
OF  
POLK EQUINE, P.L.**

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

**ARTICLE I — Name:**

The name of the limited liability company (hereinafter referred to as the "Company") is "POLK EQUINE, P.L."

**ARTICLE II — Address:**

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

128 Stevenson Road  
Winter Haven, FL 33884

**ARTICLE III — Registered Agent:**

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

W. A. BENNETT, D.V.M.  
128 Stevenson Road  
Winter Haven, FL 33884

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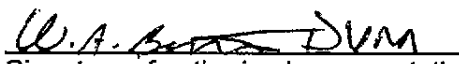
**ARTICLE IV — Management:**

The Company is to be managed by the members. Specific professional practice is Veterinary medicine.

**ARTICLE V — Limitation on Agency Authority of Members:**

Pursuant to section 608.4235 of the Florida Limited Company Act, no member of the Company shall be an agent of the Company solely by virtue of being a member.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 23<sup>rd</sup> day of January, 2004.

  
Signature of authorized representative  
W. A. BENNETT, D.V.M.  
Typed or printed name of signee

(In accordance with Section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT**

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. 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 under Chapter 608, Florida Statutes.

(In accordance with section 608.408(3), Florida Statutes, the execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

W. A. Bennett D.V.M.

Signature of Registered Agent

W. A. BENNETT, D.V.M.

Typed or printed name of signee