L04000064540

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





500040566565

J6/31/04--01013--007 **125.00

. CAPITAL CONNECTION, INC.

417 E. Yirginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

		LLC EEE SINGS
Tri-Co	unty Aminul Hospital	LLC 35 50
	, , , , , , , , , , , , , , , , , , , ,	SEE TON TO
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
•		L.C. File
	· · · · · · · · · · · · · · · · · · ·	Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
•		Dissolution / Withdrawal
	* * * * * * * * * * * * * * * * * * * *	Annual Report / Reinstatement
		Cert. Copy
	. ,	Photo Copy
		Certificate of Good Standing
-	was a second of the second of	Certificate of Status
	- · · · · · · · · · · · · · · · · · · ·	Certificate of Fictitious Name
	and the second s	Corp Record Search
		Officer Search
	A Company of the Comp	Fictitious Search
Signature	-	Fictitious Owner Search
Signature		Vehicle Search
		Driving Record
Requested by		UCC 1 or 3 File
	WC 0/3/ 7:00	UCC 11 Search
Name	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

ARTICLES OF ORGANIZATION OF TRI-COUNTY ANIMAL HOSPITAL, LLC

WHIG 31 PHIC: 50

The undersigned as Organizer of a limited liability company having two or more members pursuant to the Florida Limited Liability Company Act adopts the following Articles of Organization.

- 1. Name. The name of the limited liability company is TRI-COUNTY ANIMAL HOSPITAL, LLC.
- 2. Duration. This limited liability company shall have perpetual existence from the date of filing of these Articles of Organization with the Department of State, unless sooner terminated as provided in the Operating Agreement.
- 3. Principal Place of Business. The mailing address and its principal place of business is 1807 Okeechobee Road, Fort Pierce, FL 34950.
- 4. Registered Agent & Office. The name of its registered agent, whose Consent to Appointment as Registered Agent accompanies these articles, is Robert V. Schwerer, Esquire, and the address of the registered office is 515-519 South Indian River Drive, Fort Pierce,
- 5. Management. This limited liability company shall be managed by a member or its members and, therefore, is a member-managed company. The initial managing member is Dana K. Juillerat, 9528 Shadow Lane, Fort Pierce, FL 34951, and additional managing members may be subsequently designated by the members.
- 6. Admission of Additional Members. Additional members may be admitted to this limited liability company upon such terms and conditions as shall be established by the members.
- 7. Amendment of Articles. These articles may be amended only by a unanimous vote of the members.

IN WITNESS WHEREOF, I have hereunto subscribed my name this ______ day of August, 2004.

DANA K. JUILL**ER**AT

CONSENT TO APPOINTMENT AS REGISTERED AGENT

I, Robert V. Schwerer, Esquire, accept the appointment as registered agent and state that I am familiar with the duties as agent.

DATE: August 26, 2004.

ROBERT V. SCHWERER, ESQUIRE