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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

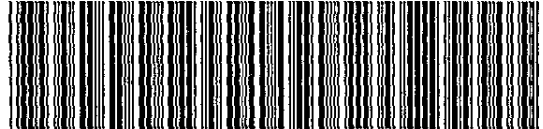
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9/22  
msc

22 James Street #4  
Brookline, MA 02446  
August 24, 2004

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**Re: Dr. Thomas Butera, DVM, LLC**

Dear Sir or Madam:

Enclosed please find Articles of Organization to register the above-referenced LLC in Florida.

We have also requested a certified copy of our filing, as well as a Certificate of Status. We have included the fees for a certified copy of the Articles, Certificate of Status, and the designation of Registered Agent along with the filing fee for the articles of Organization.

If you have any questions, or need anything further, please do not hesitate to contact me at 617-734-2577. Thank you.

Very truly yours,

Lance Sprinkle

enclosure

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Dr. Thomas Buterra, DVM, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lance Sprinkle  
(Name of Person)

(Firm/Company)

22 James Street #4  
(Address)

Brookline, MA 02446  
(City/State and Zip Code)

For further information concerning this matter, please call:

Lance Sprinkle at ( 617 ) 734-2577  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Dr. Thomas Butera, DVM, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

22 James Street #4

Brookline, MA 02446

**Mailing Address:**

22 James Street #4

Brookline, MA 02446

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Lance Sprinkle

Name

12232 Little Road

Florida street address (P.O. Box **NOT** acceptable)


Hudson

FLORIDA 34687

City, State, and Zip

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TALLAHASSEE, FLORIDA

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. 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 as provided for in Chapter 608, Florida Statutes..*



Registered Agent's Signature

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

S. Thomas Butera

17 San Gabriel Lane

Palm Coast, FL 32137

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

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

Lance Sprinkle

\_\_\_\_\_  
Typed or printed name of signer

**Filing Fees:**

**\$100.00 Filing Fee for Articles of Organization**

**\$ 25.00 Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**

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TALLAHASSEE, FLORIDA

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