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From:

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305)634-3694

Fax Number : (305)633-9696

LIMITED LIABILITY COMPANY

glencoe animal health center, l.l.c.

Certificate of Status	0
Certified Copy	1
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ARTICLES OF ORGANIZATION

OF

GLENÇOE ANIMAL HEALTH CENTER, L.L.C.

The undersigned subscribing members to these Articles of Organization, hereby form a Limited Liability Company (L.L.C.) Under the laws of the State of Florida.

<u>ARTICLE I</u>

NAME OF COMPANY

The name of this corporation shall be:

GLENCOE ANIMAL HEALTH CENTER, L.L.C.

<u>ARTICLE II</u>

DURATION / CONTINUATION AND COMMENCEMENT OF EXISTENCE

This Limited Liability Company shall exist for (30) years from date of filing hereof unless sooner terminated as provided herein. Existence shall commence upon the date of subscription and acknowledgment thereof.

<u>ARTICLE III</u>

PURPOSE

This Limited Liability Company is organized for the purpose of transacting any and lawful business authorized to Limited Liability Companies organized in Florida.

<u>ARTICLE IV</u>

PRINCIPAL OFFICE AND MAILING ADDRESS

The address of this Limited Liability Company's principal office is:

9842 SW 222 Terrace Miami, Florida 33190

INSOM

ARTICLE V

INITIAL REGISTERED AGENT AND OFFICE

The name of the initial registered agent of this Limited Liability Company is <u>Phil Cruz</u>. The street address of the initial registered office of this Limited Liability Company in the State of Florida is <u>9842 SW 222 Terrace</u>, <u>Miami</u>, Florida 33190.

ARTICLE VI

CAPITAL

The initial capital of the Limited Liability Company is \$1,000, which shall be paid entirely in each. There is no requirement or agreement for additional capital contributions.

ARTICLE VII

ADMISSION OF NEW MEMBERS

The admission of new Members shall be solely by unanimous agreement of the existing Members.

ARTICLE VIII

DISSOLUTION: WINDING UP: LIQUIDATION

- A. <u>Dissolution</u>. The Limited Liability Company shall be dissolved on the happening of any of the following events:
 - 1. Termination of the term specified herein.
 - 2. Withdrawal, retirement, death or expulsion of any Member.
 - 3. Dissolution or bankruptcy or any Member who is entity.
 - 4. Agreement of the Members.
 - 5. Upon one (1) year prior written notice of demand for dissolution given by a Member.
- B. Right to Continue Business. The remaining Members of the Limited Liability Company shall have the right to continue the business upon dissolution of the Limited Liability Company, or occurrence of any other event which terminates the continued membership of a Member in the Limited Liability Company if there is the consent of all of the remaining Members.

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ARTICLE IX

MANAGEMENT

The Limited Liability Company shall be managed by its members whose respective names and addresses are listed below:

Ginger Bryant Hutchinson, PL 423 N. Glencoe Road, New Smyrna Beach, FL 32168 Phil F. Cruz, D.V.M., P.A. 9842 SW 222 Terrace, Miami, Florida 33190

ARTICLE X

RESTRICTION OF TRANSFER

No Member may transfer or assign his interest in the Limited Liability Company except upon unanimous consent of the existing members.

ARTICLE XI

AMENDMENT OF REGULATIONS

The power to adopt, alter, amend, or repeal the Regulations of this Limited Liability Company shall be vested in the Members of the Company.

ARTICLE XII

INCORPORATORS AND MEMBERS

IN WITNESS WHEREOF, the undersigned has made, subscribed and acknowledged these Articles of Organization this 20th day of January, 2005.

Phil Cruz

President and Incorporator

9842 SW Terrace

Miami, Florida 33190

2005 JAN 20 AM 9: 47
SECRETARY OF STATE
TALLAHASSEE, FLORIDI

-3-

In compliance with Section 48.091, Florida Statutes, the Following is submitted:

First, that GLENCOE ANIMAL HEALTH CENTER, L.L.C. desiring to organize or qualify under the laws of the State of Florida, with its principal place of business, as indicated in the Articles of Organization at the city of Miami, State of Florida, has named Phil Cruz, 9842 SW 222 Terrace, Miami, County of Dade, State of Florida, as its agent to accept service of process within Florida.

SIGNATURE:

(Subscriber- Member)

DATE:

January ZU ZCOS

ACKNOWLEDGEMENT:

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties,

SIGNATURE:

20/S0.9