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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : CLARION VENTURES, INC.
Account Number : I20030000026
Phone : (623) 465-8636
Fax Number : (623) 465-8640

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Encore Veterinary Consulting LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

SECRET
TALLAHASSEE, FLORIDA

2005 FEB 22 AM 10:09

FILED

L 02/23/05

3p

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Encore Veterinary Consulting LLC**ARTICLE II - Address:**

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

Principal Office Address:5618 Redhawk DriveNew Port Richey Florida, 34655**Mailing Address:**5618 Redhawk DriveNew Port Richey Florida, 34655**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

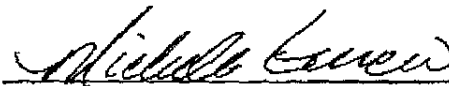
Michelle Guercio

Name

5618 Redhawk DriveFlorida street address (P.O. Box NOT acceptable)New Port Richey, FLORIDA 34655

City, State, and Zip

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

MGR

Michelle Guercio

5818 Redhawk Drive

New Port Richey Florida, 34655

MGR

Carol Sapp

103 SE 81st

Keystone Heights Florida, 32656

(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.)


 Typed or printed name of signee
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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 SECRETARY OF STATE
 TALAHASSEE, FLORIDA