	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-	JP WAIT MAIL
	(Business Entity Name)
<u> </u>	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	ns to Filing Officer:
W05-	524
Om	Office Use Only
<i></i>	



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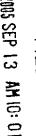
08/02/05-- 01041- 004 **155.00

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2005 SEP 13 AM 10: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA





FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 4, 2005

DAISY E. RICHARDSON 7866 SE 12TH CIRCLE OCALA, FL 34480

SUBJECT: RICHARDSON VETERINARY SERVICES LLC

Ref. Number: W05000036933

We have received your document for RICHARDSON VETERINARY SERVICES LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

To file a Conversion you must complete the Conversion form and enclose the filing fee of \$50.00.

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) 245-6890.

Jason Merrick Document Specialist

Letter Number: 905A00050332

Division of Compositions DO DOV 6997 Tellahassas Florida 99914

TRANSMITTAL LETTER

	tration Section ion of Corporations		
SUBJECT: _		ETERINARY SERVICES	ис
	(Name	of Limited Liability Company)	
The enclosed A	Articles of Organization and fe	ee(s) are submitted for filing.	
Please return a	ll correspondence concerning	this matter to the following:	
	Dausy E Rid	Name of Person)	
_		(Name of Person)	
	to .u´ ,		
	Richardson	(Firm/Company)	
		(Time company)	
	7866 SE 124 Cir	rde	7 2
		(Address)	SEC SEC
	Ocala, FL 34	480	SEP 13 AV RETARY OF AHASSEE.
		(City/State and Zip Code)	F.C. A
For further info	ormation concerning this matte	ст, please call:	2005 SEP 13 AM IO: 01 SECRETARY OF STATE ALLAHASSEE, FLORIDA
Daisy	Richardson (Name of Person)	at (352) 861-17 (Area Code & Daytime T	394
Enclosed is a	check for the following am	ount:	
□ \$125.00 Fili	ing Fee		S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	STREET ADDRESS:	MAILING A	DDRESS:
	Registration Section	Registration S	Section
	Division of Corporations 409 E. Gaines Street	Division of C P.O. Box 632	
	Tallahassee, Florida 32399		

CERTIFICATE OF CONVERSION

Pursuant to section 608.439, Florida Statutes, the following unincorporated business entity hereby submits the <u>attached articles of organization</u> and this certificate of conversion to convert to a Florida limited liability company:

FIRST: The	name of the unincorporated business immediately prior to filing this document	nt was:	:	
	RICHARDSON VETERINARY SERVICES LLC	··········	•	
	The date on which and the jurisdiction in which the unincorporated business wherewise came into being are: Date: Side Date: Jurisdiction: Kentucky If different from the above noted jurisdiction, the jurisdiction immediately jurisdiction: its conversion:			
organization				
	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.) DAISY ELLEN RICHARDSON DVM Typed or Printed Name of Signee	SECRETARY OF STATE TALLAHASSEE, FLORIDA	2005 SEP 13 AM 10: 01	FILED

FILING FEES:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Filing Fee for Registered Agent Designation

\$ 25.00 Filing Fee for Certificate of Conversion

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

(Note: Section 608.439, F.S., does not provide for a corporation to convert to a limited liability company.)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Richardson Veterinary Services	iuc	<u></u>
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liabi	lity Company is:
Principal Office Address:	Mailing Address:	
8250 SW 27th Ave. Ocala, FL 34476	7866 SE 12th Cir. Ocala, FC 34480	
Ocala City, State, s	registered agent are: CVE dress (P.O. Box NOT acceptable) FL 34416 and Zip	FILED IS SEP 13 AM IO: 01 CRETARY OF STATE LAHASSEE, FLORIDA
Having been named as registered agent and to liability company at the place designated in tregistered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regions.	this certificate, I hereby accept the a y. I further agree to comply with the erformance of my duties, and I am fo	ppointment as e provisions of all amiliar with and
Regisfered Agent	lads s Signature	

(CONTINUED)

Page 1 of 2

ARTICLE IV	- Manager(s)	or Managing	Member(s):
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The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
Use attachment if necessary) NOTE: An additional article must be REQUIRED SIGNATURE:	added if an effective date is requested.	SECRETARY OF STATE ALLAHASSEE, FLORID	2005 SEP 13 AM	FILED
(In accordance with section	an authorized representative of a member. 608.408(3), Florida Statutes, the execution	STATE	AM 10: 01	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Daisy E. Redards or
Typed or printed name of signee