W.KEVIN RUSSELL P.A.

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# Florida Department of State

Division of Corporations Public Access System

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Fax Number : (850) 205-0383

Account Name : W. KEVIN RUSSELL, P.A.

Account Number : 120050000181 : (941)429-1871

: (941)429-8961 Fax Number

| ET OR             | John D. Stevens, D.   | TED LIABILITY CO. v.m., llc. |
|-------------------|-----------------------|------------------------------|
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6/7/2006



## ARTICLES OF ORGANIZATION OF JOHN D. STEVENS, D.V.M., LLC., A LIMITED LIABILITY COMPANY

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

#### ARTICLE I - Name:

The name of the limited liability company (hereinafter referred to as the "Company") is "John D. Stevens, D.V.M., LLC."

### ARTICLE II — Address:

The mailing address and street address of the principal office of the Company is: 2716 Tamiami Trail, Port Charlotte, Florida 33952.

#### ARTICLE III --- Registered Agent:

The name and the Florida street address of the initial registered agent are: John D. Stevens, 2716 Tamianu Trail, Port Charlotte, Florida 33952.

#### ARTICLE IV - Management:

The Company is to be managed by one manager or more managers and therefore is a manager-managed company. The manager shall be John D. Stevens and his address is 2716 Tamiami Trail, Port Charlotte, Florida 33952.

#### ARTICLE V — Limitation on Agency Authority of Members:

Pursuant to Section 608.4235 of the Florida Limited Company Act, no member of the Company shall be an agent of the Company solely by virtue of being a member.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this \_\_\_\_\_\_\_, 2006.

John D. Stevens

Typed or printed name of signee

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.

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## STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT OF JOHN D. STEVENS, D.V.M., LLC.

I hereby accept the designation as registered agent to accept service of process for the above-stated limited liability company at the place designated in this statement. My street address is 2716 Tamiami Trail, Port Charlotte, Florida 33952. 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 under Chapter 608, Florida Statutes.

John D. Stevens

Typed or Printed Name

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

06 JUN -7 AM 9: 05
SECRETARY OF STATE
AND AHASSEE, FLORIDA