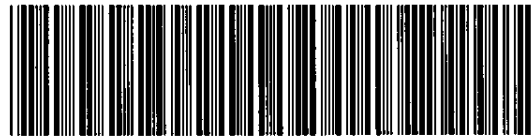


L06000104287



600080662396

10/26/06--01005--022 **125.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

RECEIVED
06 OCT 26 AM 11:33
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
06 OCT 26 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Florida CA. Veterinary Services, LLC

FILED
06 OCT 26 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

Signature _____

Requested by: *WL*

Date *10/26*

Time *11:00*

Name _____

Walk-In _____

Will Pick Up _____

**ARTICLES OF ORGANIZATION
FLORIDA L. A. VETERINARY SERVICES, L. L.C.**

The undersigned adopts the following Articles of Organization for the purpose of becoming a limited liability company under the Florida Limited Liability Company Act:

**ARTICLE I
Name**

The name of the limited liability company, referred to in these Articles as "Company" is FLORIDA L. A. VETERINARY SERVICES, LLC.

**ARTICLE II
Duration**

The company shall dissolve on December 31, 2036.

**ARTICLE III
Purpose**

The purpose for which Company is organized is to provide veterinary treatment, animal health and husbandry consultant services as well as to transact any or all lawful business for which limited liability companies may be organized under the Florida Limited Liability Company Act.

**ARTICLE IV
Principal Address**

The address of Company's principal place of business in Florida is 4515 Highway 66 East, Zolfo Springs, Florida, 33890, and its mailing address is Post Office Box 450, Zolfo Springs, Florida, 33890.

**ARTICLE V
Registered Agent and Office**

The name of the Company's initial registered agent in Florida is Gary C. Shiver, D.V. M. The address of Company's registered office in Florida is 4515 Highway 66 East, Zolfo Springs, Florida.

FILED
06 OCT 26 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI
Capital Contributions

The total amount of cash contributions is \$1,000.00.

Contributions to the Company by the initial member is as follows:

- (a) Gary C. Shiver has made a cash contribution of \$1,000.00.

ARTICLE VII
Initial Members

The initial member is identified as follows:

Gary C. Shiver 1410 W. Main St. Wauchula, Florida 33873

ARTICLE VIII
Admission of New Members

Members shall have the right to admit new members. Additional members may be admitted only on the unanimous written consent of existing members, and the existing members shall determine the amount and nature of contributions by new members at the time the new members are admitted. Provided, however, the original member may transfer all or part of their interest to immediate member of their family and these family members shall automatically be admitted as members.

ARTICLE IX
Remaining Members

The remaining members of the company may continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company.

ARTICLE X
Management

The Company shall be managed by Gary C. Shiver, Manager/Member.

ARTICLE XI
Additional Provisions

The company is to be a manager managed company. The company shall have one manager. Gary C. Shiver, D.V.M., shall serve as the initial manager. The manager shall be elected by the members according to the Operating Agreement.

ARTICLE XII
Additional Provisions

The power to adopt, alter, amend, or repeal the regulations of the Company is vested entirely in the members listed in Article VII.

IN WITNESS WHEREOF, for the purpose of forming this limited liability company in accordance with the Florida Limited Liability company Act, the undersigned has executed these Articles of Organization on this 25th day of October, 2006, at Wauchula, Florida.



Gary C. Shiver, D.V.M.

STATE OF FLORIDA:
COUNTY OF HARDEE:

Before me, the undersigned authority personally appeared Gary C. Shiver who is known to me to be the person who executed the foregoing Articles of Organization and acknowledged before me that he made and subscribed the same for the purposes herein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this 25th day of October, 2006.



NOTARY PUBLIC
STATE OF FLORIDA AT LARGE



STATEMENT DESIGNATING REGISTERED AGENT AND OFFICE

**STATE OF FLORIDA:
COUNTY OF HARDEE:**

Pursuant to the provisions of Section 608.415 and 608.407 (1)(d) of the Florida Limited Liability Company Act, the limited liability company identified below submits the following statement in designating its registered office and registered agent in the Sate of Florida:

The name of the limited liability company is Florida L.A. Veterinary Services, L. L. C.

The name of the registered agent for Florida L.A. Veterinary Services, L. L. C. is Gary C. Shiver, D.V.M. and the street address of the company's principal office is 4515 Highway 66 East, Zolfo Springs, Florida, 33890.

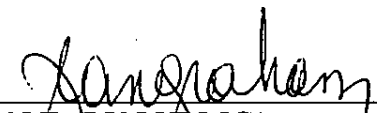
This statement is to acknowledge that, as indicated above, Florida L.A. Veterinary Services, L. L. C., has appointed me, Gary C. Shiver, as its registered agent to accept service of process for the company at the place designated above in this certificate. I accept this appointment as registered agent 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.

Dated this 25th day of October, 2006.



Gary C. Shiver, D.V.M.

The foregoing instrument was acknowledged before me this 25th day of October, 2006, by Gary C. Shiver, who is personally known to me, agent on behalf of Florida L. M. Veterinary Services, a limited liability company.



NOTARY PUBLIC/
STATE OF FLORIDA AT LARGE

