

207000008846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

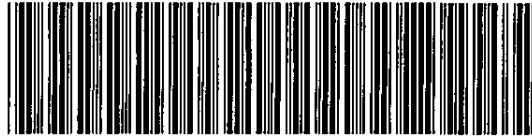
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W07-2524



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01/16/07--01017--013 **150.00

FILED
07 JAN 24 PM 4:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

EFFECTIVE DATE 1-20-07

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANIMAL CLINIC OF IVES DAIRY LLC
(Name of Resulting Florida Limited Company)

The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.

Please return all correspondence concerning this matter to:

By JOSEPH A. HARDY

(Contact Person)

ANIMAL CLINIC OF IVES DAIRY

(Firm/Company)

1562 IVES DAIRY ROAD

(Address)

NORTH MIAMI BEACH FLA 33179

(City, State and Zip Code)

For further information concerning this matter, please call:

By JOSEPH A. HARDY at (305) 653-3939

(Name of Contact Person)

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$150.00 Filing Fees
((\$25 for Conversion
& \$125 for Articles
of Organization) | <input type="checkbox"/> \$155.00 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$180.00 Filing Fees
and Certified Copy | <input type="checkbox"/> \$185.00 Filing Fees,
Certified Copy, and
Certificate of Status |
|--|---|---|--|

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 JAN 24 PM 4:19

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 17, 2007

DR. JOSEPH HARDY
1562 IVES DAIRY ROAD
NORTH MIAMI BEACH, FL 33179

SUBJECT: ANIMAL CLINIC OF IVES DAIRY ROAD
Ref. Number: W07000002524

FILED
07 JAN 24 PM 4:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

We have received your document for ANIMAL CLINIC OF IVES DAIRY ROAD and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The enclosed document cannot be filed with the Florida Department of State until a Partnership Registration Statement for this partnership is filed and made of record with this office. For your convenience, we are enclosing the appropriate form and instructions.

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Organization, if any.

The effective date cannot be prior to 01/16/07, the date received by this office.,

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) 245-6984.

Deborah Bruce
Document Specialist

Letter Number: 707A00003844

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ANIMAL CLINIC OF IVES DAIRY LLC.

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.")

ARTICLE II - Address:

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

Principal Office Address:

1562 IVES DAIRY ROAD
NORTH MIAMI BEACH
FLORIDA 33179

Mailing Address:

same

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's

Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

JUSTIN DAVID JOSEPH A. HARTY DEM
3610 YACHT CLUB DRIVE #706 NAME
AVENTURA FL 33180
Florida street address (P.O. Box NOT acceptable)
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, F.S.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE 1-20-07

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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

JOSEPH A. HARDY DVM
3610 YACHT CLUB DRIVE 706
ADVENTURA FLA 33180

MGR

OLIVIA KOZMAN DVM
3610 YACHT CLUB DRIVE 706
ADVENTURA FLA 33180

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1/20/2007
(OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than 90 business days prior to or 90 days after the date of filing.)

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.)

JOSEPH A. HARDY DVM

Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE, FLORIDA