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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

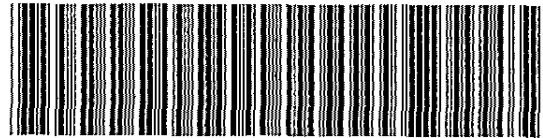
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Equine Dental Practice, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marshall McDonald, III  
(Name of Person)

Meyer & McDonald  
(Firm/Company)

1070 E. Indiantown Road, Suite, 312  
(Address)

Jupiter, Florida 33477  
(City/State and Zip Code)

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For further information concerning this matter, please call:

Marshall McDonald, III at ( 561 ) 748-2233  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION  
FOR  
THE EQUINE DENTAL PRACTICE, LLC**

**ARTICLE I - Name:**

The name of the Limited Liability Company is The Equine Dental Practice, LLC

**ARTICLE II - Address:**

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

Principal Office Address: 4150 SW Sundown Lane, Palm City, Florida 34990

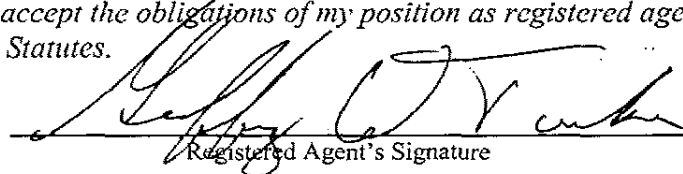
Mailing Address: 4150 SW Sundown Lane, Palm City, Florida 34990.

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Geoffrey W. Tucker, 4150 SW Sundown Lane, Palm City, Florida 34990

*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.*

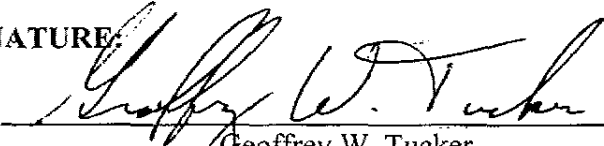
  
\_\_\_\_\_  
Registered Agent's Signature

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**ARTICLE IV - Management (Check box if applicable.)**

- ☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Geoffrey W. Tucker

(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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