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SECRETARY OF SIATE DIVISION OF COREGRATION

Dr. Robin Moore East Bay Animal Hospital, PLLC 3445 A East Bay Drive Largo, FL 33771

May 7, 2007

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

Re: East Bay Animal Hospital, PLLC

Dear Sir or Madam:

Enclosed please find the original and one copy of Articles of Organization, together with a check in the amount of \$155.00. This represents the cost of the Filing Fees, Certified Copy of Articles of Organization and Fee for Registered Agent Designation for the above-named organization.

Very truly yours,

Dr. Robin Moore

East Bay Animal Hospital, PLLC

Enclosures

check stapled here

ARTICLES OF ORGANIZATION

of

EAST BAY ANIMAL HOSPITAL, PLLC

The undersigned subscriber to these Articles of Organization, a natural person competent to contract, hereby forms a limited liability company under the laws of the State of Florida.

ARTICLE I - ORGANIZATION NAME

The name of the organization is East Bay Animal Hospital, PLLC

ARTICLE II - DURATION

The limited liability company shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The limited liability company is organized for the purpose of engaging in the practice of licensed veterinary medicine.

ARTICLE IV - ORGANIZATION OFFICE

The organization's principal office address shall be as follows:

3445 A East Bay Drive Largo, FL 33771

The organization's mailing address shall be as follows:

3445 A East Bay Drive Largo, FL 33771 07 MAY 30 PH 1: 24

SECRETARY OF STATE DIVISION OF CONFORATION

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the Initial Registered Office and Agent of this Organization is:

Dr. Robin Moore 113 Lake Av. S.E. Largo, FL 33771

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.

Dr. Robin Moore, Registered Agent

ARTICLE VI - MANAGERS

This organization shall have one (1) manager initially. The number of managers may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The name and address of the initial manager of the organization is as follows:

Dr. Robin Moore 113 Lake Av. S.E. Largo, FL 33771

ARTICLE VII - SIGNER

The name and address of the person signing these Articles of Organization is as follows:

Dr. Robin Moore 113 Lake Av. S.E. Largo, FL 33771

ARTICLE VIII - MANAGEMENT

The Limited Liability Company is to be managed by one or more managers who are also members and is, therefore, a member – managed company.

| IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Organization this day of May, 2007 |
|--|
| Du Rohindrose |
| Dr. Robin Moore |
| STATE OF FLORIDA) COUNTY OF PINELLAS) |
| BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Dr. Robin Moore, known to me to be the person who executed the foregoing Articles of Organization, or who presented as identification, and who acknowledged before me that she executed these Articles of Organization. |
| N WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 24th day of May, 2007. |
| -mRephun) |
| Notary Public, State of Florida at Large |
| My Commission Expires: |