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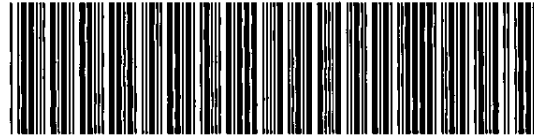
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November 5, 2007

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Gulfshore Animal Hospital, PLLC **EFFECTIVE DATE** 11/7/07

Filing Evidence

- ☐ Plain/Confirmation Copy
- ☒ Certified Copy

Retrieval Request

- ☐ Photocopy
- ☐ Certified Copy

Type of Document

- ☐ Certificate of Status
- ☐ Certificate of Good Standing
- ☐ Articles Only
- ☐ All Charter Documents to Include Articles & Amendments
- ☐ Fictitious Name Certificate
- ☐ Other

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NEW FILINGS	
	Profit
	Non Profit
X	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of RA Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Reports
	Fictitious Name
	Name Reservation
	Reinstatement

REGISTRATION/QUALIFICATION	
	Foreign
	Limited Liability
	Reinstatement
	Trademark
	Other



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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SUBJECT: GULFSHORE ANIMAL HOSPITAL, PLLC
Ref. Number: W07000054626

RESUBMISSION
PLEASE HONOR ORIGINAL
DATE OF SUBMISSION
AS FILE DATE

We have received your document for GULFSHORE ANIMAL HOSPITAL, PLLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$155.00 payment.

The articles must contain a statement of the specific professional practice in which the company will engage.

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) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 207A00064526

EFFECTIVE DATE 11/7/07

ARTICLES OF ORGANIZATION
FOR
GULFSHORE ANIMAL HOSPITAL, PLLC
A FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY

FILED
07 NOV - 5 PM 2:46
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLE I - NAME AND PURPOSE:

The name of the Limited Liability Company is: GULFSHORE ANIMAL HOSPITAL, PLLC

The purpose of the Limited Liability Company is: to perform those services associated with the practice of veterinary medicine.

ARTICLE II - ADDRESS:

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

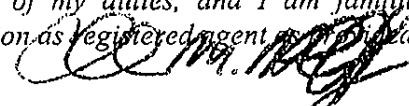
PRINCIPAL OFFICE ADDRESS:
3560 Tamiami Trail North
Naples, Florida 34103

MAILING ADDRESS:
3560 Tamiami Trail North
Naples, Florida 34103

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE: The Name and the Florida street address of the registered agent are:

Charles M. Kelly, Jr.
Name
c/o Kelly, Passidomo & Alba, LLP
2390 Tamiami Trail North, Suite 204
Florida street address (P.O. Box NOT acceptable)
Naples, Florida 34103
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.



Registered Agent's Signature

ARTICLE IV - MANAGER(S) OR MANAGING MEMBER(S):

The name and address of each Manager or Managing Member is as follows:

TITLE:

NAME AND ADDRESS:

DAVID R. BALL,
MANAGING MEMBER

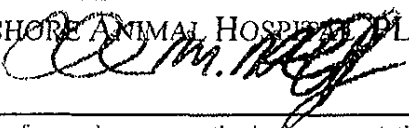
3560 Tamiami Trail North
Naples, Florida 34103

KIM R. SCHEMMER,
MANAGING MEMBER

3560 Tamiami Trail North
Naples, Florida 34103

ARTICLE V - EFFECTIVE DATE

The effective date of GULFSHORE ANIMAL HOSPITAL, PLLC is November 7, 2007.



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.)

Charles M. Kelly, Jr

FILING FEES:

\$100.00 Filing Fee for Articles of Organization
\$25.00 Designation of Registered Agent
\$30.00 Certified Copy (OPTIONAL)
\$5.00 Certificate of Status (OPTIONAL)