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02/25/08--01024--013 **125.00

Effective Date 03/15/08

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FILED SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

MAR 1 3 2008

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: GL Veterinary Enterpris	es, LLC
50B0E011	ited Liability Company)
The enclosed Articles of Organization and fee(s) are	e submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Robert Logan	
	(Name of Person)
	(Firm/Company)
4000E CIM Average Of	(Finite Company)
10825 SW Avocet Ct.	(Address)
Beaverton, OR 97007	()
	ity/State and Zip Code)
For further information concerning this matter, please	se call:
Robert Logan	_at (_503) 502 4373
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{Certificate of Status}\$	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy 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



RECEIVED
08 MAR 12 AM 12: 58

SECRETARY OF STATE TALLAHASSEE, FLORIDA

February 26, 2008

ROBERT LOGAN 10825 SW AVOCET CT BEAVERTON, OR 97007

SUBJECT: GL VETERINARY ENTERPRISES, LLC

Ref. Number: W08000010006

We have received your document for GL VETERINARY ENTERPRISES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on February 25, 2008. Please amend your document accordingly.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 408A00011882

03/15/08 Effective Date

ARTICLE I - Name:	
The name of the Limited Liability Cor	mpany is:
GL Veterinary Enterprises, I	_LC
(Must end with the words "Li	mited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address	
	of the principal office of the Limited Lighility Compa
	s of the principal office of the Limited Liability Compa
The mailing address and street address	s of the principal office of the Limited Liability Compa Mailing Address:
The mailing address and street address Principal Office Address:	
The mailing address and street address Principal Office Address: 10825 SW Avocet Ct.	Mailing Address:
ARTICLE II - Address: The mailing address and street address Principal Office Address: 10825 SW Avocet Ct. Beaverton, OR 97007	Mailing Address: 10825 SW Avocet Ct.
The mailing address and street address Principal Office Address: 10825 SW Avocet Ct.	Mailing Address: 10825 SW Avocet Ct.
The mailing address and street address Principal Office Address: 10825 SW Avocet Ct. Beaverton, OR 97007 ARTICLE III - Registered Agent, R	Mailing Address: 10825 SW Avocet Ct.

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

Barry A. Goldberg, DVM Name 4970 SW 72nd Ave, Suite 109 Florida street address (P.O. Box NOT acceptable) Miami, FL 33155 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..

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
Manager	Robert Logan	
<u> </u>	10825 SW Avocet Ct.	_
	Beaverton, OR 97007	_
Manager	Barry A. Goldberg, DVM	
	4970 SW 72nd Ave, Suite 109	
	Miami, FL 33155	<u>-</u>
		_
,		_
		_
		_
(Use attachment if necessary)		

ARTICLE V: Effective date, if other than the date of filing: MARCH 15, 2008 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five 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.)

Robert Logan

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)

SECRETARY OF STATE DIVISION OF CORPORATIONS