Electronic Articles of Organization
For
Florida Limited Liability Company

L09000109075
FILED 8:00 AM
November 12, 2009
Sec. Of State
gmcleod

Article I

The name of the Limited Liability Company is:

CLAWS & PAWS ANIMAL CLINIC, LLC

Article II

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

4631 SHERMAN HILLS PARKWAY
JACKSONVILLE, FL. US 32210

The mailing address of the Limited Liability Company is:

4631 SHERMAN HILLS PARKWAY
JACKSONVILLE, FL. US 32210

Article III

The purpose for which this Limited Liability Company is organized is:

VETERINARY CLINIC

Article IV

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

SHARI R SLEEPER
4631 SHERMAN HILLS PARKWAY
JACKSONVILLE, FL. 32210

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.

Registered Agent Signature: SHARI R. SLEEPER

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Article V

The name and address of managing members/managers are:

Title: MGRM
SHARI R SLEEPER
4631 SHERMAN HILLS PARKWAY
JACKSONVILLE, FL. 32210 US

Title: MGRM
JAMES A SLEEPER
4631 SHERMAN HILLS PARKWAY
JACKSONVILLE, FL. 32210 US

Title: MGR
RONALD L COMBS
1469 WINFRED DR. E.
ORANGE PARK, FL. 32073 US

Article VI

The effective date for this Limited Liability Company shall be:

11/10/2009

Signature of member or an authorized representative of a member

Signature: SHARI R. SLEEPER