

LO9VVV110957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

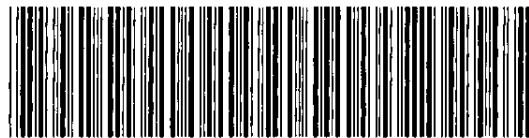
(Business Entity Name)

(Document Number)

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B. KOHR

NOV 18 2009

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 NOV 18 PM 2:05

CONTACT: KATIE WONSCH

DATE: 11/18/09

REF. #: 001886.114610

CORP. NAME: EAST-WEST ANIMAL HOSPITAL LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 532640 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

ARTICLES OF ORGANIZATION
FOR
EAST-WEST ANIMAL HOSPITAL LLC

The undersigned hereby forms a limited liability company pursuant to Chapter 608, Florida Statutes.

ARTICLE I - NAME

The name of the limited liability company is EAST-WEST ANIMAL HOSPITAL LLC.

ARTICLE II - ADDRESS

The street address of the principal office of the limited liability company is 2209 Collier Parkway, Suite 120, Land O'Lakes, Florida 34639, and the mailing address of the limited liability company is 2209 Collier Parkway, Suite 120, Land O'Lakes, Florida 34639.

ARTICLE III - MEMBER(S)/MANAGER(S)

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed company. The initial manager(s) of the Limited Liability Company are:

Dr. Linda Register
2209 Collier Parkway, Suite 120
Land O'Lakes, FL 34639

Dr. Adrianna Odachowski
2209 Collier Parkway, Suite 120
Land O'Lakes, FL 34639

ARTICLE IV - REGISTERED AGENT,
REGISTERED OFFICE & REGISTERED AGENTS SIGNATURE

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

CorpDirect Agents, Inc.
515 East Park Avenue
Tallahassee, FL 32301

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.

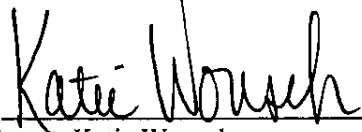
CorpDirect Agents, Inc.

By: Katie Wonsch, Asst. Sec.
Its Agent: Katie Wonsch

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(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 herein are true.)

CorpDirect Agents, Inc.

By: 

Its Agent: Katie Wonsch

Authorized Representative of a Member