

L10000009201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

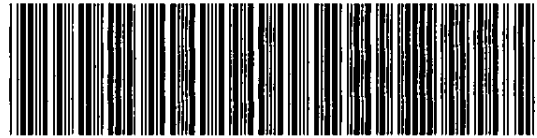
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

JAN 26 2010

EXAMINER



900166969419

01/25/10--01008--017 **125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
10 JAN 25 PM 12:12

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ANNE LOZYSKI, DVM, PLLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN PAULICH, III

Name of Person

PAULICH, SLACK & WOLFF, P.A.

Firm/Company

5147 CASTELLO DRIVE

Address

NAPLES, FL 34103

City/State and Zip Code

ANNEDVM@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN PAULICH, III

Name of Person

at (239)

261-0544

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, 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

**Articles of Organization
For
Florida Limited Liability Company**

ARTICLES OF ORGANIZATION OF LIMITED LIABILITY COMPANY

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I — Name:

The name of the Limited Liability Company is:

ANNE LOZYNSKI, DVM, PLLC

ARTICLE II — Address:

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

5619 LAGO VILLAGGIO WAY
NAPLES, FL 34104

ARTICLE III — Nature of Business

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

To render the practice of veterinary medicine to the public, which shall include the actual preventing, diagnosing, curing, or relieving in any degree, or professing to diagnose, treat, cure or relieve, any disease, injury, ailment or defect of animals, by attendance or advice, or by prescribing any drug, medicine, appliance, manipulation or method, or by any therapeutic agent whatsoever; any assisting in the raising, breeding and improving of animals. This professional limited liability company shall exist and function in compliance with the Laws of the State of Florida and in order to properly prosecute the objects and purposes above set forth, the Limited Liability Company shall have full power and authority to purchase, lease and otherwise acquire, hold, mortgage, convey and otherwise disposed of all kinds of property, both real and personal, necessary for the rendering of veterinary services.

ARTICLE IV — Registered Agent and Registered Office

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

CORPORATE REGISTERED AGENT, LLC
5147 CASTELLO DRIVE
NAPLES, FLORIDA 34103

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JAN 25 PM 12:12

ARTICLE V

The name and address of the managing members/managers are:

Title: MGRM
ANNE LOZYNSKI, DVM
5619 LAGO VILLAGGIO WAY
NAPLES, FL 34104

ARTICLE VI – Professional Services

The professional services of the Limited Liability Company shall be rendered only through Member(s), employees, and agents who are duly licensed or otherwise legally authorized to practice veterinary medicine within the State of Florida. Professional services shall be rendered in each case by the Member(s), employees, or agent designated solely by this Limited Liability Company, acting through its duly elected manager. This provision shall not be applicable to the extent it is in conflict with the law or the professional rules of veterinary practice.

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 22 day of January, 2010.


Anne Lozynski, DVM


(In accordance with section 608.408(3), Florida Statutes, the execution of this certificate constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. I am familiar with and accept the obligations of my position as registered agent under Chapter 608, Florida Statutes.

(In accordance with section 608.408(3), Florida Statutes, the execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Corporate Registered Agent, LLC

By: 
John Paulich, III, as its Member