L 10000078612

(Re	equestor's Name)	
(Ac	Idress)	•
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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07/26/10--01009--015 **160.00

Effective Date 07/20/10

FILED

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SECRETARY OF STATE SECRETARY OF SE

J. BRYAN

JUL 27 2010

EXAMINER

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	50 0 N
The name of the Limited Liability Company is:	
	理る
•	The state of the s
Dr. Wallace Veterinary Relief (Must end with the words "Limited Liabili	F Services, LLC.
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	ALE
The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
n	
Principal Office Address:	Mailing Address:
TO DO DO I	and And David Roll Han
1017 Apollo Beach Blod Apollo Beach, Florida	235 Apollo Beach Blud #310
Apollo Beach, Florida	Apollo Beach, Florida
33572	325/12
ADTICLE III Desistend A and Desistend	Occio & Dociotoral Apontals Company
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registor)	
business entity with an active Florida registration.)	
	egistered agent are: Effective Date 07/20/10
The name and the Florida street address of the re	egistered agent are:
((a'a A	1,2,214,0
Oloria A. Name	Wallace
Name	
IDIA ADOLLO	Beach Blvd
Florida street addı	Beach Blvd ress (P.O. Box <u>NOT</u> acceptable)
. ~	
Apollo Beach	FL 33572 te, and Zip
City, Star	ic, 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 (REQUIRED)

(CONTINUED)
Page 1 of 2

* Note;

ARTICLE IV- Manager(s) or Managing Member(s): This LLC is a Manager The name and address of each Manager or Managing Member is as follows: Managed Com Title: "MGR" = Manager "MGRM" = Managing Member MGRM" = Managing Member MGRM
"MGR" = Manager "MGRM" = Managing Member MGRM Mark E. Wallace 235 Apollo Beach, FL 33572 MGR Mark E. Wallace 235 Apollo Beach, FL 33572
Apollo Beach, FL 33572 MBR (Jane A () 2016 C
MBR (Janis A (Januare
ų ,
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing:
REQUIRED SIGNATURE:
May E Wallace ARE SE TO Signature of a member or an authorized representative of a member ARE SE TO TO TO THE SECOND SIGNATURE OF A MEMBER ARE SECOND SIGNATURE OF A
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury ? • • • • • • • • • • • • • • • • • •
Typed or printed name of signee
Filing Fees:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)