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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

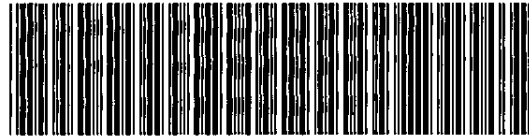
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/20/10--01013--022 **160.00

EFFECTIVE DATE

08/18/10

FILED
10 AUG 20 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. G. G. AUG 23 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: About Pets Mobile Clinic, LLC.
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:

Dr. Mark Eric Wallace

Name of Person

About Pets Mobile Clinic, LLC.

Firm/Company

235 Apollo Beach Blvd # 310

Address

Apollo Beach / Florida

City/State and Zip Code

33572

floridapetdr@hotmail.com

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

For further information concerning this matter, please call:

Dr. Wallace

Name of Person

at

(813)

778-2269

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

About Pets Mobile Clinic, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1017 Apollo Beach Blvd
Apollo Beach, Florida
33572

235 Apollo Beach Blvd #310
Apollo Beach, Florida
33572

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Gloria A. Wallace
Name

1017 Apollo Beach Blvd
Florida street address (P.O. Box **NOT** acceptable)

Apollo Beach FL 33572
City, State, and Zip

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TALLAHASSEE, FLORIDA

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..

Gloria A. Wallace

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

* Note:

(This LLC is a

Manager Managed
Company

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Mark E. Wallace DVM

235 Apollo Beach Blvd #310

Apollo Beach, FL 33572

MGR

Gloria A. Wallace

235 Apollo Beach Blvd #310

Apollo Beach, FL 33572

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 8/18/10 (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:

Mark E. Wallace DVM

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.)

Mark E. Wallace DVM

Typed or printed name of signee

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10 AUG 20 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)