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(Re	equestor's Name)	
, (Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	ısiness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		:

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G. MCLEOD

DEC 23 2010

EXAMINER



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SEGRETARY OF STATE
ALLAHASSEE, FLORID

COVER LETTER

TO:	Registration S Division of C			
SUBJ	ECT:	Progressive Ve	eterinary Practices.	LLC
			Resulting Florida Limited	
				on, and fees are submitted to convert an pany" in accordance with s. 608.439, F.S.
Please	return all corre	espondence concernir	ng this matter to:	
		•		
Dah	ana C Hanth	. Darolagai		
Rebi	ecca S. Heath	(Contact Person)		
		,		
Hirso	<u>chler Fleische</u>	(Firm/Company)		
		(1 11112 0011141111)		•
<u>P.O.</u>	Box 500	(A11)		
		(Address)		
Rich	mond. Virgini:	a 23218-0500		
		City, State and Zip Code)		
hhea	th@hf-law.co	m		
E-mail	ndd re ss: (to be use	ed for future annual report	t notifications)	
For fu	rther information	on concerning this ma	atter, please call:	
Reb	ecca S. Heath	<u>.</u>	at (804)	771-5618
	(Name of Conta		(Area Code and	Daytime Telephone Number)
Enclos	sed is a check f	or the following amou	unt:	
(\$25 for & \$125	Filing Fees Conversion for Articles nization)	\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing Fees and Certified Copy	\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS:		MAILING	ADDRESS:	
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
Clifton Building		P. O. Box 6327		
2661 Executive Center Circle		Tallahassee, FL 32314		

Tallahassee, FL 32301

Signed this 15th day of Decem	<u>iber 20 10 .</u>
Individual signing affirms that the facts st constitutes a third degree felony as provid	
Signature of Member or Authorized Repre- Printed Name: Wally Dabasinskas	sentative: Well Manager Title: Manager
this document are true. Any false informa s.817.155, F.S. [See bolow for required sign	
Signature: Wally Dabasinskas	
Printed Name: Walty Dabasinskas	Title: <u>Manager</u>
Signature:	Title:
	·
Signature:	
Printed Name:	Title:
	•
Printed Name:	Title:
Signature:	Title:
Printed Name:	1)tile:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Directors or Officers have not been selecte	
If Florida General Partnership or Limited Signature of one General Partner.	Liability Partnership;
If Florida Limited Partnership or Limited Signatures of ALL General Partners.	Liability Limited Partnership:
All others: Signature of an authorized person.	•
Fees:	
Certificate of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)
	Page 2 of 2

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

This Certificate of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

	Other Business Entit	y" immediately prior to	o the filing of this Certifi	cate of		
Conversion is: Progre	Progressive Veter	inary Practices, LLC			10	
	(Enter N	ame of Other Busine	ss Entity)	AH	OEC	٠.
		limited liability compa		TAR ASS	321	7 344 1 44 2 5
(xample: corporation lip, common law or be	, limited partnership, usiness trust, etc.)	EE. FLORIDA	P# :	*
first organized, form		der the laws of			ယ	***
	(Enter state, or if a	non-U.S. entity, the n	ame of the country)) ' · ·	©	
onMarch 10, 2	004	•				
(Enter dat	e "Other Business E	ntity" was first organ	iized, formed or incorpo	orated)		
4. The name of the l	Plorida Limited Liabil	lity Company as set for	th in the attached Artici	es of		
Progressive	Veterinary Practic					
	(Enter Name of	Florida Limited Liab	oility Company)			
5. If not effective or	the date of filing, en	ter the effective date:	12-31-2010			
filed by the Florida	Department of State	to nor more than 90 d e; <u>AND</u> 2) must be the effective date is listed	ays after the date this desame as the effective desame.	ocumen ate liste	t is d in th	1 e
6. The conversion is conversion complies	permitted by the appl with such law(s) and	icable law(s) governing the requirements of s.6	g the other business entity 508.439, F.S., in effecting	and the	: versio	n.
	ss Entity" currently e formed or incorporate		cords of the jurisdiction u	nder wh	ich it i	is

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	any is:
Progressive Veterinary	Practices, LLC
(Must end with the words "Limited Liability Company	y, the abbreviation "L.L.C.," or the designation "LLC.")
ARTICLE II - Address:	
· -	f the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:	
15006 Sundial Place	15006 Sundial Place
Lakewood Ranch, FL 34202	Lakewood Ranch, FL 34202
The name and the Florida street address of Rene Da	abasinskas Name
15006 9	undial Place
	ddress (P.O. Box NOT acceptable)
Piorida Sirect a	outess (r.o. box <u>nor</u> acceptable)
Lakewoo	od Ranch FL 34202 City, State, and Zip
	City, State, and Zip
company at the place designated in this ce agree to act in this capacity. I further agre	nd to accept service of process for the above stated limited liability rtificate, I hereby accept the appointment as registered agent and se to comply with the provisions of all statutes relating to the auties, and I am familiar with and accept the obligations of my r in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managin	Name and Address: g Member	
MGR	Wally Dabasinskas 15006 Sundial Place Lakewood Ranch, FL 34202	
MGR	Rene Dabasinskas 15006 Sundial Place Lakewood Ranch, FL 34202	
		
(Use attachment if ne	essary)	
(The effective date: 1) can	e, if other than the date of filing: 12-31-2010 (OPTIONAL) of be prior to nor more than 90 days after the date this document is file State; AND 2) must be the same as the effective date listed in the atta	
	f an effective date listed therein.)	
wel	nember or an authorized representative of a member.	
(In accordance with section the penalties of perjury the	of 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation of the facts stated herein are true. I am aware that any false information submitted in a ent of State constitutes a third degree felony as provided for in s.817.155, F.S.)	under
Wally Da	asinskas, Manager Typed or printed name of signee	