Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations 13319 Fax Number : (850)617-6383 From: Account Name : WILLIAMS SCHIFINO MANGIONE & STEADY, P.A. Account Number : I20000000216 Phone : (813)221-2626 Fax Number : (813)221-7335 **Enter the email address for this business entity to be used for f annual report mailings. Enter only one email address please.*** FLORIDA LIMITED LIABILITY CO. THE HEALING PLACE YOUR HOLISTIC VETERINARIAN, LLC Certificate of Status Certified Copy 0 Page Count 01 Estimated Charge \$125.00

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MAY 2 2011

ARTICLES OF ORGANIZATION

OF

THE HEALING PLACE YOUR HOLISTIC VETERINARIAN, LLC

A Florida Limited Liability Company

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

ARTICLE I - Name

The name of the limited liability company (hereinafter referred to as the "Company") is:

THE HEALING PLACE YOUR HOLISTIC VETERINARIAN, LLC

ARTICLE II — Address

The street address of the principal office and the mailing address of the Company

4489 West Horseshoe Drive Pine Ridge, Florida 34465

ARTICLE III - Registered Agent

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

Patricia G. Kallenbach 4489 West Horseshoe Drive Pine Ridge, Florida 34465

ARTICLE IV - Management

The Company is to be managed by its members, and is therefore a member-managed limited liability company. The name and address of the initial managing member of the Company is as follows:

Name:

Patricia G. Kallenbach

Address:

4489 West Horseshoe Drive Pine Ridge, Florida 34465

ARTICLE V Detating Agreement

Any Operating Agreement as defined in Section 608 402(24) of the Florida Limited Liability
Company Act. (FLLCA) relating to the Company must be in writing and signed by all of its
members.

ARTICLE VI Limitation on Agency Authority of Members.

Pursuant (d Seenon 608.4235 off LLCA, no member of the Company shall be an agent of the Company solely by sixtue of being a member.

ARTICLE VII - Date of Existence

Plirs) ant to Section 508.409(1) of ELLCA, the existence of the Company shall commonce effective upon the acceptance of the filing hereof by the Florida Department of State.

IN WITHESS WHEREOF, I have signed these Articles of Organization and acknowledged in to be my act this 28 day of April 2011

Paurcia G. Raffenbach, Authorized Representative

ln actordance: with Section 608.408(3)). Florida Statutes, the execution of this affidavit constitutes an affirmation; under the penalties of peljury that the facts stated herein, are true.

Patricia C. Kallenbach

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I beineby accept the designation as registered lagen to accept service of process for THE HEALING PLACE YOUR HOLISTIC METERINARIAN; LLC at the place designated in this statement.

Below of further lagree 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 under Chapter 608, Plotide Statutes;

Agencitus 28 of April 2011.

Particia G Kallenbach, Registered Agent 4489 West Roiseshoe Drive. Pipe Ridge, Plotida 34465 2011 APR 29 184 3: 22 SECTION 194 3: 147

In accordance with Section 608,408(3), Floridal Statutes, the execution of this statement constitutes an affirmation under the penalties of petjury that the facts stated berein are true.

Patricya G. Kallenbach

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