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(Requestor's Name)	
(sequence, a manual)	
(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:

L. SELLERS

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SECRETARY OF STATE

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	T: 5001 Overseas Highway, LLC. Name of Limited Liability Company
The enc	osed Articles of Organization and fee(s) are submitted for filing.
Please re	rurn all correspondence concerning this matter to the following:
_	Geraldine Diethelm-Mader Name of Person
_	Marathon Veterinary Hospital Inc.
-	1343 Long Beach Dr.
-	Big Pine Key, FL33043 City/State and Zip Code Dr Gerry @ marathon vet a com E-mail address: (to be used for future annual report notification)
For furt	er information concerning this matter, please call:
_G	Name of Person Mador Area Code & Daytime Telephone Number
Enclose	d is a check for the following amount:
\$125.00	Filing Fee \$\sum_{\text{S130.00}}\$ Filing Fee & \$\sum_{\text{S155.00}}\$ Filing Fee & \$\sum_{\text{S160.00}}\$ Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address Street/Courier Address Registration Section Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<i>50</i> 01	Overseas	Highway	, 4200
		ility Company, "L.L.C., or "I	

ARTICLE II - Address:

ARTICLE I - Name:

The name of the Limited Liability Company is:

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

Principal Office Address:	Mailing Address:
1343 Long Beach Dr.	1343 Long Beach Dr.
Big Pine Keep, EL 33043	Bio Pine Key, FL 33043
<u>J</u> -	<u>J</u>

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:

reraldine Diethelm Mader Name

1343 Long Beach Dr.

Florida street address (P.O. Box NOT acceptable)

Big Pinokey FL 33043

City, State, 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



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

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGQ	Geraldine Diethelm-Mader 1343 Long Beach Dr. Big Pine Key, FL 33043
MGRM	Douglas R. Mader 1343 Long Beach Dr. Big Pine Kuy, FC 23043
(Use attachment if necessary) ARTICLE V: Effective date, if other than the of	date of filing: 10-23-1 (OPTIONAL)
(If an effective date is listed, the date must be to or 90 days after the date of filing.)	specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
(0)10	

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. I am aware that any false information submitted in a document to the Department of State

constitutes a third degree felony as provided for in s.817.155, F.S.)

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)