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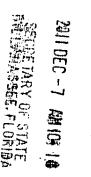
(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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T. CLINE

DEC - 8 2011

EXAMINER

### **COVER LETTER**

TO: Registration Division of C	Section Corporations		
SUBJECT: St. C	Cloud 192 Pet Doc		
	Name of Limi	ited Liability Company	
The enclosed Articles	of Organization and fee(s) are	e submitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	•
Larry Ac	dkins		
		Name of Person	
St. Clou	d 192 Pet Doc Ho	ospital LLC.	
		Firm/Company	
206 Tra	nquility Cove		
		Address	
Altamonte	Springs, FL 32701	1	
		ity/State and Zip Code	
larry@netl			
		for future annual report notification)	
For further information	n concerning this matter, pleas	se call:	
Larry Adkins		at (407 ) 529-5651	-7
Nam	ne of Person	Area Code & Daytime Tele	phone Number
Enclosed is a check	for the following amount:		phone Number  phone Number
\$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	Street/Courier Address	

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

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The name of the Limited Liability Company is:

## St. Cloud 192 Pet Doc Hospital 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:** 

1700 13th (Hwy 192)

St. Cloud, FL 34769

206 Tranquility Cove Altamonte Springs, FL 32701

#### 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:

Larry Adkins

Name

## 206 Tranquility Cove

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

Altamonte Springs,

32701

City, State, and Zip

Having been named as registered agent and to accept service of process for the above and additional 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:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	Larry Adkins
	206 Tranquility Cove
	Altamonte Springs, FL 32701
MGRM	Nataliya Adkins
	206 Tranquility Cove
	Altamonte Springs, FL 32701
<del></del>	<del></del>
	-
<del></del>	
(Use attachment if necessary)	
(Ose attachment if necessary)	·
<b>ARTICLE V:</b> Effective date, if other than	the date of filing: (OPTIONAL)
·	t be specific and cannot be more than five business days prior
to or 90 days after the date of filing.)	
<b>REQUIRED SIGNATURE:</b>	₩. <b></b>
	erry alkins E E
74	
	nder of an authorized representative of a member.
(In accordance with section	608.408(3), Florida Statutes, the execution of this document
I am aware that any false in	formation submitted in a document to the Department of State
	lony as provided for in s.817.155, F.S.)
Larry Adkins	5
	Typed or printed name of signee

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)