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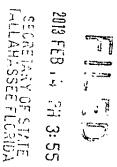
(Re	equestor's Name)	
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· PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

то:	Registration and Division of C		s				
SUBJI	ест: <u>Н</u>	ome	Healing Name of Lymit	Animal Clinic, ed Liability Company	LLC		
The en	closed Articles of	of Organizat	ion and fee(s) are s	submitted for filing.			
Please	return all corres	pondence co	oncerning this matt	er to the following:			
		xanno	Devu	Vame of Person			
		ome_	Heali ng	Animal Clinic Firm/Company	, LLC		
		0758	wildlife	- Prace Address	<u> </u>	- 2	
		Orlan	da FL	32825 y/State and Zip Code		2018 FEB	c.
		drd E-mail	evuyst@	amail. com or dature annual report notification)	 	ASSE O	3
For fu	rther information	concerning	this matter, please	call:		PH 3: 1 OF STA EFLCA	,
_c	Mame	2 Viu	1 st	at (407) LOO- Area Code & Daytime Telep	4417 hone Number	10 S	
Enclo	sed is a check t	for the follo	owing amount:				
□\$125	.00 Filing Fee		00 Filing Fee & cate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Fill Certificate Certified C (additional co	of Status &	
		Registra Division P.O. Bo	Address tion Section of Corporations ox 6327 ssee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	ircle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			,
Home Healing Animal Clinic, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	1 		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liabil	lity Com	pany	is:
Principal Office Address: Mailing Address:			
10758 Wildlife Place 10758 Wildlife P Orlando, Fl. 32825 Orlando, Fl. 3282	bce 5		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Si The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual business entity with an active Florida registration.)			
The name and the Florida street address of the registered agent are:	LLA	E 25	
Deanna bellyst	IARY IASSE	B L,	
10758 Wildlife Place Florida street address (P.O. Box NOT acceptable)	OF STATE E FLORIDA	왕 3: 5	
Orlando, FL 32825 City, State, and Zip	اتار د	S)	

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..

(CONTINUED)

Page 1 of 2

	i R" = Manager RM" = Manag		Name and Address:	
<u>_</u> M	1GRM	-	Deanna Devillet 10758 Wildlife Place Orlando, FL 32825	
		-		
		-		
(Use	attachment if	necessary)		
TICLE V an effecti	: Effective da	ite, if other than the	date of filing: (OPTIONA be specific and cannot be more than five busines	L) s days
TICLE V an effecti or to or 90	: Effective da	ate, if other than the ted, the date must ne date of filing.)	date of filing: (OPTIONA be specific and cannot be more than five busines	L) s days
TICLE V an effecti or to or 90	: Effective da ve date is list days after th <u>UIRED</u> SIGN	nte, if other than the sted, the date must ne date of filing.) NATURE:	be specific and cannot be more than five busines	s days
TICLE V an effecti or to or 90	: Effective da ve date is list days after th UIRED SIGN (In accordance constitute I am awai	NATURE: Signature of a member dance with section 608. es an affirmation under that any false information for that any false information for that any false information under the that any false in	be specific and cannot be more than five busines	s days

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)