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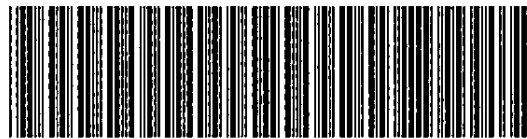
(Business Entity Name)

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TALLAHASSEE, FLORIDA

B. BOSTICK

APR 22 2013

EXAMINER

(850) 245-6051.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Keystone Heights Animal Hospital, PL**  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

R. M. Kurdziel, Esq.

Name of Person

Holden, Carpenter, Roscow & Kurdziel, PL

Firm/Company

5608 N.W. 43rd Street

Address

Gainesville, Florida 32653

City/State and Zip Code

JBPetVet@Hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

R. M. Kurdziel

352

373-7788

at ( )

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR KEYSTONE HEIGHTS ANIMAL HOSPITAL, PL

ARTICLE I.

COMPANY NAME

The name of the Florida Limited Liability Company is Keystone Heights Animal Hospital, PL (referred to as the "Company").

ARTICLE II.

COMPANY'S SPECIFIC PURPOSE

The Company shall be formed for the specific purpose of operating a veterinary clinic and hospital, practicing veterinary medicine, and any other lawful purpose.

ARTICLE III.

OFFICE ADDRESS AND MAILING ADDRESS

The principal office of the Company is 6014 N.W. 84<sup>th</sup> Terrace, Gainesville, Florida 32653. The mailing address of the Company is 6014 N.W. 84<sup>th</sup> Terrace, Gainesville, Florida 32653.

ARTICLE IV.

REGISTERED AGENT AND REGISTERED OFFICE

The name of the Registered Agent is Jennifer Blackburn, DVM. The Registered Office is located at 6014 N.W. 84<sup>th</sup> Terrace, Gainesville, Florida 32653.

ARTICLE V.

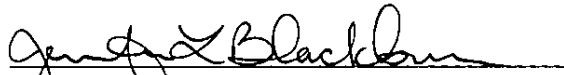
COMPANY MANAGEMENT

Keystone Heights Animal Hospital, PL is to be managed by one (1) or more Managers, and is, therefore, a Manager-Managed limited liability company.

Until her successor is duly elected and installed, Jennifer Blackburn, DVM shall be the Manager. The Manager's business address is 6014 N.W. 84<sup>th</sup> Terrace, Gainesville, Florida 32653.

Effective as of March 19, 2013, in witness whereof, the Authorized Representative for the Company has executed these Articles of Organization at 5608 N.W. 43<sup>rd</sup> Street, Gainesville, Florida 32653. In accordance with Florida Statutes section 608.408(3), the execution of these Articles of Organization constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Keystone Heights Animal Hospital, PL:

  
By: Jennifer Blackburn, DVM  
Title: Authorized Representative

**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE**

Pursuant to the provisions of Florida Statutes section 608.415 or 608.507, the undersigned Limited Liability Company submits the following statement designating its Registered Office and Registered Agent in the State of Florida:

(1). The name of the Florida Limited Liability Company is Keystone Heights Animal Hospital, PL.

(2). The name of the Registered Agent is Jennifer Blackburn, DVM. The Registered Office is located at 6014 N.W. 84<sup>th</sup> Terrace, Gainesville, Florida 32653.

Having been named as Registered Agent and to accept service of process for the above-named 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.



By: Jennifer Blackburn, DVM

Title: Registered Agent

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