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SECRETARY OF STATE

COVER LETTER

TO: **Registration Section Division of Corporations** Kelly Sando DVM, LLC 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: Kelly Sando Name of Person Kelly Sando DVM, LLC Firm/Company 10818 Fillmore Drive Address Boynton Beach, FL 33437 City/State and Zip Code kellymodonnell@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kelly Sando Area Code & Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **■**\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status Certified Copy 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

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

•			
ARTICLE 1 - Name: The name of the Limited Liability Comp.	any is:		
Kelly Sando DVM, LLC			
(Must end with the words "Limit	ed Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address:			
The mailing address and street address of	f the principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
10818 Fillmore Drive	10818 Fillmore Drive		
Boynton Beach, FL 33437	Boynton Beach, FL 33437		
The name and the Florida street address of Andrew Sando	of the registered agent are.		
	Name		
10818 Fillmore Drive			
Florida s	treet address (P.O. Box NOT acceptable)		
Boynton Beach, FL	33437 _{FL}		
	City, State, and Zip		
	and to accept service of process for the above stated limitea tted in this certificate, I hereby accept the appointment as		
registered agent and agree to act in this	s capacity. I further agree to comply with the provisions of		
<u> </u>	complete performance of my duties, and I am familiar with		
ana accept the obligations of my positio	n as registered agent as provided for in Chapter 608, F.S		
	A MALE AND A STATE OF THE ADDRESS OF		
Registered Agent	's Signature (REOLURED)		

(CONTINUED)

Page 1 of 2

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SECRETARY OF STATE

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

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

"MGR" = Manager	1
"MGRM" = Managing Mem	ber
MGR	Kelly Sando
	10818 Fillmore Drive
	Boynton Beach, FL 33437
	-
(Use attachment if necessary)
•	
LE V: Effective date, if othe	r than the date of filing: (OPTIONA
effective date is listed, the d o or 90 days after the date of	ate must be specific and cannot be more than five busines
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REQUIRED SIGNATURE	:
	The Q to

(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.)

Kelly Sando

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)