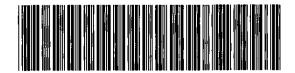
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NO. OF THE

P.O. Box 6327

Talishassee, FL 32314

(850) 245-6051. **COVER LETTER** Registration Section TO: **Division of Corporations** The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/Company Boca Raton, FL 33432
City/State and Zip Code thollingsworth 110 amail.com
E-mail Neddress: (to be used for future anytual report socification) For further information concerning this matter, please call: at (281) 770 4164

Area Code & Devilime Telephone Number Enclosed is a check for the following amount: \$130.00 Filing Fee & \$125.00 Filing Fee □\$155.00 Filing Fcc & ☐ \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address Street/Courier Address Registration Section Registration Section Division of Corporations Division of Corporations **Clifton Building**

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION	FOR FLORIDA LIMITED LIABILITY CON	APANY
ARTICLE 1 - Name:	en e	11 23 20 23
The name of the Limited Liability Com	pany is:	M. T.
Trophy Stock Ve	terinary Services, LLC.	是3:
(wast end with the wolds This	otted Lizzburg Company, "L.L.C., "or "L.C.")	SE E
ARTICLE H - Address: The mailing address and street address	of the principal office of the Limited Liability Co-	mpany is:
-		
Principal Office Address:	Mailing Address:	
		, bvM
	OVM Tifani Itollingsworth TIGOS 370 SE MIZNET Blud-	, bvM ₩1608 32

The name and the Florida street address of the registered agent are:

business entity with an active Florida registration.)

InCorp Services, Inc.
Name
17888 67th Court North
Florida street address (P.O. Box NOT acceptable)
Loxahatchee B 33470
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..

Antifacion Heather Nee on behalf of Incorp Services, Inc.
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "MGR" = Manager "MGRM" = Managing l	Name and Address:
Manager	Titani Hollingsworth 370 SE Micher Blud 1608 Boca Raton, Fr. 33432
MGRM	Eugenio Torres 370 JSE Mizner BIVA #160 Boca Paton, FL 73432
(Use attachment if nece	••
LEV: Effective date, if	other than the date of filing: (OPTIONAl the date must be specific and cannot be more than five business
LEV: Effective date, if effective date is listed, t	other than the date of filing: (OPTIONAle date must be specific and cannot be more than five busines te of filing.)
LE V: Effective date, if effective date is listed, to or 90 days after the date. REQUIRED SIGNAT	other than the date of filing: (OPTIONAle date must be specific and cannot be more than five busines te of filing.)
LE V: Effective date, if effective date is listed, to or 90 days after the date. REQUIRED SIGNAT Signat (In accordance constitutes an a li am aware tha	other than the date of filing: (OPTIONAte date must be specific and cannot be more than five busineste of filing.) URE: Law Holl waswork
LE V: Effective date, if effective date is listed, to or 90 days after the date. REQUIRED SIGNAT Signat (In accordance constitutes an a li am aware tha	other than the date of filing:

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