

L13000165610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

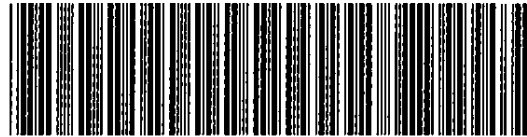
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300254005883

11/25/13--01010--025 **125.00

FILED

2013 NOV 25 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 26 2013

T. HAMPTON

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARBOR PET HOSPITAL, 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:

Louis S. Mogyoros

Name of Person

Louis S. Mogyoros DVM P.A.

Firm/Company

1220 NE 26th Street

Address

Wilton Manors, FL 33305

City/State and Zip Code

bweihe@bawlawyer.com

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

For further information concerning this matter, please call:

Louis S. Mogyoros DVM at 954 565-1896

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Law Offices of
BRUCE WEIHE, P.A.

November 22, 2013

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

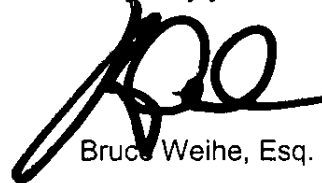
Please be advised that Louis S. Mogyoros DVM, a client of our firm, is filing papers to register "Arbor Pet Hospital, LLC" as a Limited Liability Company authorized to do business in Florida.

In that vein, enclosed, please find an original Cover Letter and Articles of Organization for Arbor Pet Hospital, LLC, executed by Louis S. Mogyoros DVM, the Member Manager for Arbor Pet Hospital, LLC.

Also enclosed is a check for \$125.00, for the filing fee for Arbor Pet Hospital, LLC.

Please do not hesitate to contact me directly with any questions that you may have with respect to this filing. Your courtesies and cooperation are sincerely appreciated.

Very truly yours,



Bruce Weihe, Esq.

Enc.: Cover Letter
Articles of Organization for Arbor Pet Hospital LLC

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARBOR PET 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:

LOUIS S. MOGYOROS DVM

1220 NE 26th STREET

WILTON MANORS, FL 33305

Mailing Address:

LOUIS S. MOGYOROS DVM

1220 NE 26th STREET

WILTON MANORS, FL 33305

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:

LOUIS S. MOGYOROS

Name

1220 NE 26th STREET

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

WILTON MANORS FL 33305

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..

L.S. Mogyoros DVM

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2013 NOV 25 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

LOUIS S. MOGYOROS DVM

1220 NE 26th STREET

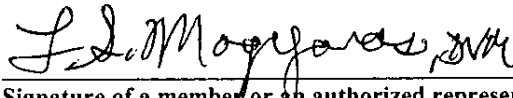
WILTON MANORS, FL 33305

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(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.)

LOUIS S. MOGYOROS

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)

FILED
2013 NOV 25 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA