L14000063501

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SECRETARY OF STATE

W14-20950

N. Custom APR 1 8:2014

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Eddie Esparza Equine Dentist, 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:
Ecldie Esparza Name of Person
Eddie Esparza Equine Vertist, LCC Firm/Company
13529 NW 82nd StRd
Ocala FC. 34482 City/State and Zip Code Cddie es parza 9 a yahoo. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Eddie Esparza at 352, 209-6009 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Secretificate of Status Secretifica
Mailing Address Street/Courier Address

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



April 16, 2014

₽.

EDDIE ESPARZA 13529 NW 82ND ST RD OCALA, FL 34482

SUBJECT: EDDIE ESPARZA EQUINE DENTIST, LLC

Ref. Number: W14000020950

We have received your document for EDDIE ESPARZA EQUINE DENTIST, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

You can only have one registered agent. Please designate either Ali Esparza or Eddie Esparza.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 014A00007034

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:				
Eddie Esparza Equir	re Dentist, LCC	_		,
(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 of	fice of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
13529 NW 82ndS+Rd	e (Same)			
OCE 10 FC. 54482		-		
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own lanother business entity with an active Florida registration	Registered Agent. You must designate an indi-	vidual or	291	
The name and the Florida street address of the registered	-		1 AP	
Ali Espatza Name			PR	
Name			8	m
13529 NW 8	2nd Stred	<u> </u>		0
Florida street address (P.O. Box	NOT acceptable)			
<u> </u>	FL 3448Z	골	II: 49	

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 605, F.S..

Zip

Registered Agent's Signature (REQUIRED)

City

(CONTINUED)
Page 1 of 2

**MGR" = Manager MGR Sacile Esparsa 13579 Num 82nd Sted Ocala FL 34482 Ali Esparsa Hi Esparsa Ocala FL 34482 (Use attachment if necessary) EV: Effective date, if other than the date of filing: ective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after of filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorfted representative of a member. Gracecordence with section 605 0707 (1) (b) Floride Statute the execution of this document.	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
1357.9 NW 82nd SHEd Oca 19 Ft 34482				
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ARTICLE IV-