

From:

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09/23/2015 11:47

#090 P.001/003

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800)221-2972
Fax Number : (888)692-9256

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
Wise Veterinary Relief LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

RECEIVED

15 SEP 23 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

From:

09/23/2015 11:15

#090 P.002/003

SEP-23-2015 07:02A FROM: SILVER STAR A.H

4872958767

TO: 16018960199

P.1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Wise Veterinary Relief 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:

Mailing Address:

11323 Winston Willow Ct
Windermere FL 34786

11323 Winston Willow Ct
Windermere FL 34786

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:

William M. Wise

Name

11323 Winston Willow Ct

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

Windermere

City

FL 34786

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 605, F.S.

William M. Wise
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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15 SEP 23 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

From:

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SEP-23-2015 07:02A FROM: SILVER STAR A.H

4072956767

TO: 16018960199

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

William M. Wise

11323 Winston Willow Ct

Windermere FL 34786

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

William M. Wise

Signature of a member or an authorized representative of a member.
(In accordance with section 605.0303 (1) (b), 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. 17.155, F.S.)

WILLIAM M. WISE

Typed or printed name of signer

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)