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Division of Corporations

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : GEOFFREY M. WAYNE, P.A.
Account Number : 076770003401
Phone : (305) 381-8108
Fax Number : (305) 381-8109

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

Email Address: GNC@ABOGADOMIAMI.COM

FLORIDA LIMITED LIABILITY CO.
KIND ANIMAL HOSPITAL LLC

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

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DIVISION OF CORPORATIONS

01/08/16

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January 6, 2016

SENT VIA FAX (850) 245-6804

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: KIND ANIMAL HOSPITAL LLC

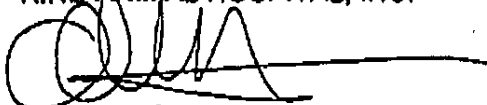
To whom this may concern:

Please be advised that KIND ANIMAL HOSPITAL, INC. and KIND ANIMAL HOSPITAL LLC are the owned by a mutual owner. I hereby authorize you to form KIND ANIMAL HOSPITAL LLC.

Should you have any questions or concerns, please do not hesitate to contact me.

Sincerely yours,

KIND ANIMAL HOSPITAL, INC.



Amgad A. Basta

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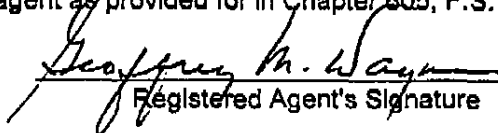
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**The name of the Limited Liability Company is: **KIND ANIMAL HOSPITAL LLC****ARTICLE II- Address:**The mailing address and street address of the principal office of the Limited Liability Company is: **1844 NE Miami Gardens Drive, Miami, FL 33179****ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Geoffrey M. Wayne
135 San Lorenzo Ave., PH 840
Coral Gables, FL 33146

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.



Registered Agent's Signature

ARTICLE IV - Management

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

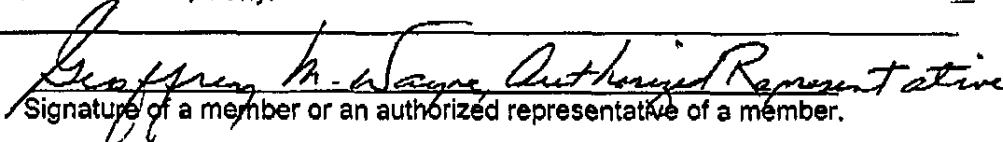
Title:
AMBR

Name and Address:
AMGAD A. BASTA
1844 NE Miami Gardens Drive
Miami, FL 33179

AMBR

CARLO ROVEGNO
1844 NE Miami Gardens Drive
Miami, FL 33179

ARTICLE V - Effective date, if other than the date of filing: _____**ARTICLE IV - Other Provisions, if any.**



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

(In accordance with section 605.0203 (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.817.155, F.S.)

Geoffrey M. Wayne

Typed or printed name of signer

FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL) **H16000004923 3**

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