

From:

01/25/2016 14:22

#143 P.001/003

L160000/4540

Florida Department of State
Division of Corporations
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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: _____

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16 JAN 25 PM 3:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**FLORIDA LIMITED LIABILITY CO.
PET VET 2 GO LLC**

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

01/26/16

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 JAN 25 PM 2:22

From:

01/25/2016 14:23

#143 P.002/003

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Pet Vet 2 Go 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:

3105 Magdalene Forest Ct
Tampa FL 33618

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Tampa FL 33618

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:

Astrid J. Miranda DVM
Name

3105 Magdalene Forest Ct
Florida street address (P.O. Box **NOT** acceptable)

TAMPA FL 33618
City 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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CORPORATION REGISTRATION
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