

L16000117212

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000151083 3)))



H160001510833ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

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

Email Address: _____

FILED
16 JUN 21 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
Pet Express Animal Hospital of Broward, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED

16 JUN 21 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

UH

FILED

ARTICLES OF ORGANIZATION
OF
PET EXPRESS ANIMAL HOSPITAL OF BROWARD, LLC
16 JUN 21 AM 11:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I: - Name

The name of the Limited Liability Company is Pet Express Animal Hospital of Broward, LLC

ARTICLE II: - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

5100 SW 198th Terrace
Southwest Ranches, Florida 33332

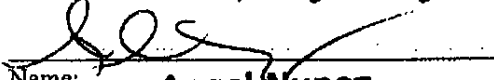
ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature

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

CT Corporation System
1200 S. Pine Island Road
Suite 250
Plantation, Florida 33324

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.

CT CORPORATION, as Registered Agent


Name: Angel Nunez
Title: Assistant Secretary

ARTICLE IV: - Management

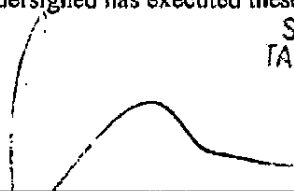
The name and address of each person authorized to manage and control the limited liability company is as follows:

<u>Title:</u>	<u>Name and Address:</u>
MGR	Gerardo Necuze 5100 SW 198 th Terrace Southwest Ranches, FL 33332

FILED

20th IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on June 16, 2016.

16 JUN 21 AM 11:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA



J. Everett Wilson, 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 Section 817.155, Florida Statutes.)

J. Everett Wilson
Typed or printed name of signee