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TALLAHASSEE, FLORIDA

D O'KEEFE
JAN 03 2017

CHARLES RUSE, JR.
LAWYER

500 N.E. 8TH AVENUE
OCALA, FLORIDA 34470

TELEPHONE (352) 351-1515
FAX (352) 867-5111

December 29, 2016

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Silver Springs Shores Animal Hospital, LLC.

Dear Sirs:

Enclosed please find Articles of Organization for the above referenced limited liability company, and our fee in the sum of \$155.00 for filing and a certified copy.

Thank you.

Sincerely,


Charles Ruse, Jr.

CR/c

Enc. Articles of Organization

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION

OF

SILVER SPRINGS SHORES ANIMAL HOSPITAL, LLC.
a Florida Limited Liability Company

ARTICLE I
NAME

The name of the corporation is **SILVER SPRINGS SHORES ANIMAL HOSPITAL, LLC.** (the "Company")

ARTICLE II
PRINCIPAL ADDRESS

The mailing address and street address of the Company is:

7121 SE Maricamp Rd.
Ocala, FL 34472

ARTICLE III
DURATION

This Company shall exist perpetually.

ARTICLE IV
REGISTERED AGENT

The name and address of the registered agent of the Company shall be:

Toby L. Johnson, DVM
7121 SE Maricamp Rd.
Ocala, FL 34472

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Articles of Organization of Silver Springs Shores Animal Hospital, LLC

Charles Ruse, Jr., Esquire
500 NE 8th Avenue
Ocala, FL 34470
(352) 3511515
Florida Bar #164930F

**ARTICLE V
ADDITIONAL CAPITAL CONTRIBUTIONS**

Each member shall make additional capital contributions to the company only upon the unanimous consent of all members.

**ARTICLE VI
MEMBERS RIGHTS TO CONTINUE BUSINESS**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

The death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall not terminate the company, and the business of the company shall be automatically continued, so long as there is at least one remaining member.

**ARTICLE VII
INITIAL MANAGER**

The company is manager managed. The name and address of the initial manager of the Company shall be:

Toby L. Johnson, DVM
7121 SE Maricamp Rd.
Ocala, FL 34472

**ARTICLE VIII
INITIAL MEMBERS**

The names and addresses of the initial members of the Company shall be:

Toby L. Johnson, DVM
7121 SE Maricamp Rd.
Ocala, FL 34472

Articles of Organization of Silver Springs Shores Animal Hospital, LLC

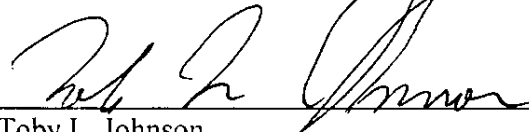
*Charles Ruse, Jr., Esquire
500 NE 8th Avenue
Ocala, FL 34470
(352) 3511515
Florida Bar #164930F*

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New Members may be admitted only upon unanimous consent of then existing members.

**ARTICLE IX
EFFECTIVE DATE**


The effective date of the company's existence shall be January 1, 2017.


Toby L. Johnson

STATE OF FLORIDA
COUNTY OF MARION

The foregoing instrument was acknowledged before me this 28 day of December, 2016
by Toby L. Johnson, who is personally known to me.

Witness my hand and official seal in the county and state last aforesaid on the day and year
first written above.



Notary Public, State of Florida
My Commission Expires:



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ACCEPTANCE OF REGISTERED AGENT

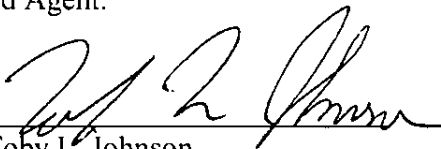
Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a Registered Office and Registered Agent in the State of Florida:

The name of the Limited Liability Company is **Silver Springs Shores Animal Hospital, LLC**

The name and Florida street address of the Registered Agent are:

Toby L. Johnson, DVM
7121 SE Maricamp Rd.
Ocala, FL 34472

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.


Toby L. Johnson

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