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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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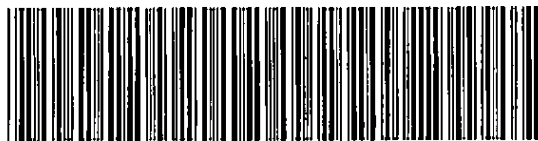
(Business Entity Name)

(Document Number)

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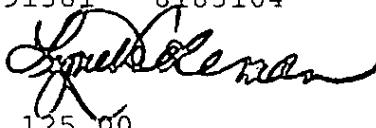
JUL 12 2018
T SCHROEDER

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 291361 8183104

AUTHORIZATION :



COST LIMIT : \$ 125.00

ORDER DATE : July 9, 2018

ORDER TIME : 9:04 AM

ORDER NO. : 291361-005

CUSTOMER NO: 8183104

DOMESTIC FILING

NAME: NVA HOMETOWN VETERINARY
MANAGEMENT, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT.

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I

The name of the Limited Liability Company is: NVA Hometown Veterinary Management, LLC.

ARTICLE II

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

29229 Canwood, Suite 100
Agoura Hills, CA 91301

ARTICLE III

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

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

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

Roxanne Turner
Asst. Vice President

ARTICLE IV

The name and address of each Manager or Managing Member is as follows:

<u>Title</u>	<u>Name and Address</u>
AMBR	Hometown Animal Clinic, Inc. 17100 Royal Palm Blvd. Weston, FL 33326

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REQUIRED SIGNATURE:

HOMETOWN ANIMAL CLINIC, INC.

By: Jim Mast, Authorized Representative
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.

Timothy J. Mast, Authorized Representative
Typed or printed name of signee

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