

L18000188109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

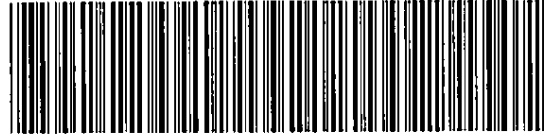
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100316810251

08/06/18--01004--003 **125.00

18 AUG -6 AM 10:18

RECEIVED

18 AUG -6 AM 9:01

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 07 2018

T SCHROEDER

CORPORATE ACCESS, INC.

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 8/6 Glinda

☒ CERTIFIED COPY

☐ PHOTOCOPY

☐ CUS

☒ FILING

LLC

1. **Animal Clinic of Ocala Square, LLC**

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

KLEIN & KLEIN, LLC

Attorneys at Law

40 Southeast 11th Avenue
Ocala, Florida 34471

HARVEY R. KLEIN (1922-2003)
H. RANDOLPH KLEIN
FRED N. ROBERTS, JR.
LAWRENCE C. CALLAWAY, III

PHONE (352) 732-7750
FAX (352) 732-7754

August 3, 2018

**TO: Registration Section
Division of Corporation**

RE: Animal Clinic of Ocala Square, LLC

The attached Articles of Organization and fees are submitted for filing.

The following is the email address for the LLC:

doclid@yahoo.com

For further information concerning this matter, please call

Joyce Henry at (352) 732-7750

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

ANIMAL CLINIC OF OCALA SQUARE, LLC

ARTICLE II - Address:

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

Principal Office Address:

3631 NE 8th Place
Ocala, FL 34470

Mailing Address:

3631 NE 8th Place
Ocala, FL 34470

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

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

LIDYA ALBANO
3631 NE 8th Place
Ocala, FL 34470

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, Florida Statutes.


LIDYA ALBANO

FILED
18 AUG -6 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

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

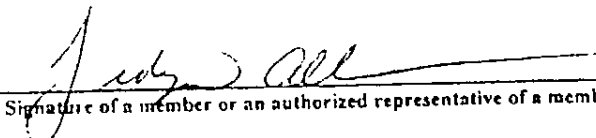
Title:

Name and Address:

"MGR"

LIDYA ALBANO
3631 NE 8th Place
Ocala, FL 34470

REQUIRED SIGNATURE:


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

This document is executed in accordance with Section 605.0203(1)(b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided in s.817.155, F.S.

LIDYA ALBANO

Typed or printed name of signee

FILED

18 AUG -6 AM 9:01

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**