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(Business Entity Name)

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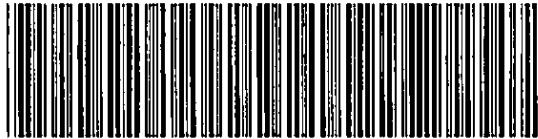
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COVER LETTER

TO: **New Filing Section**
Division of Corporations

SUBJECT: Just 4 Pets Wellness Center, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Veja Tillman

Name of Person

Southeastern Veterinary Services, LLC

Firm/Company

8365 Winged Foot Drive

Address

Fort Myers, Florida 33967

City/State and Zip Code

DVM@SEVS-veterinaryrelief.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Veja Tillman 404 824-7212
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Just 4 Pets Wellness Center, LLC

(Must contain 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:

8911 Daniels Parkway
Suite 7
Fort Myers, FL 33912

Mailing Address:

8365 Winged Foot Drive
Fort Myers, FL 33967

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.)

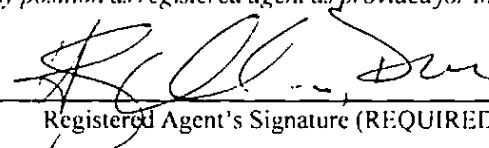
The name and the Florida street address of the registered agent are:

Southeastern Veterinary Services, LLC c/o: Dr. Veja Tillman
Name

8365 Winged Foot Drive
Florida street address (P.O. Box NOT acceptable)

Fort Myers Florida 33967
City State 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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