

LA000005277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

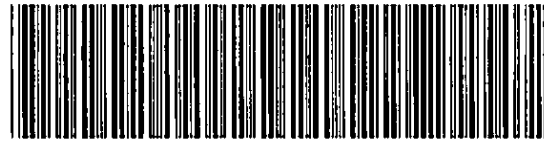
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

K. PAGE

JAN - 9 2019



100322000641

01/03/19--01025--019 \*\*160.00

19 JAN -3 PM 2:38  
FEB 14 2019 10:02AM  
FEB 14 2019 10:02AM

**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  
\_\_\_\_\_  
Name of Person                      Area Code                      Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certificate of Status<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certificate of Status<br>(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

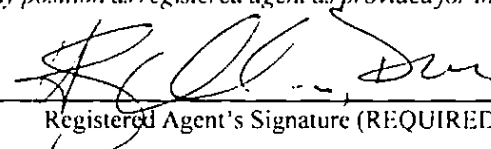
33967

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)

19 JAN -3 PM 2:38  
JAN 03 2019  
JAN 03 2019  
JAN 03 2019

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Southeastern Veterinary Services, LLC

8365 Winged Foot Drive

Fort Myers, Florida 33967

AMBR

Dr. Veja Tillman, DVM

8365 Winged Foot Drive

Fort Myers, Florida 33967

AMBR

Johnnis F. Tillman

6601 Harrington Place

Douglasville, Georgia 30135

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 12/30/2018. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.


**ARTICLE VI:** Other provisions, if any.

Organized for the purpose of providing licensed veterinary care to small and exotic pets;

Real estate investment and business transactions with the intent to generate profits;

Establishment of 501c3 activity.

**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 for in s.817.155, F.S.

Veja Tillman

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

19 JAN -3 PM 2:38  
AM - 05:01 PM - 01:00 PM  
STATE OF FLORIDA