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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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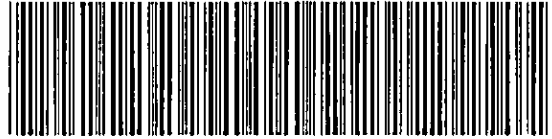
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**COVER LETTER**

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

**SUBJECT:** Milton Animal Hospital, 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:

Jack E. Kiker, III, Esq.

\_\_\_\_\_  
Name of Person

WilliamsGautier Law

\_\_\_\_\_  
Firm/Company

2010 Delta Blvd.

\_\_\_\_\_  
Address

Tallahassee, FL 32303

\_\_\_\_\_  
City/State and Zip Code

Dloper43@gmail.com

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

For further information concerning this matter, please call:

Jack E. Kiker, III                      850                      386-3300  
\_\_\_\_\_) at (\_\_\_\_\_) \_\_\_\_\_  
Name of Person                      Area Code                      Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" 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>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF ORGANIZATION OF  
Milton Animal Hospital, LLC**

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The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

**ARTICLE I — Name:**

The name of the Limited Liability Company (hereinafter referred to as the "Company") is:

"Milton Animal Hospital, LLC"

**ARTICLE II — Addresses:**

The initial mailing address of the Company is follows:

415 Cortez Road NW  
Palm Bay, Florida 32907

The initial street address of the principal office of the Company is as follows:

415 Cortez Road NW  
Palm Bay, Florida 32907

**ARTICLE III — Management:**

The Company is to be managed by its Manager and is, therefore, a Manager-managed company. The initial Manager of the Company shall be Daniel Loper.

**ARTICLE IV — Registered Agent:**

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

Jack E. Kiker, III, Esq.  
Williams, Gautier, Gwynn, DeLoach & Kiker, P.A.  
2010 Delta Blvd.  
Tallahassee, Florida 32303

Filing Fee:     \$100.00 for Articles of Organization  
                     \$25.00 for Designation of Registered Agent

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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*.



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Jack E. Kiker, III

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative/attorney for the Company as directed by its Manager, and acknowledge them to be my act this 7<sup>th</sup> day of January, 2020. 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. 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 Section 817.115, *Florida Statutes*.



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Jack E. Kiker, III