

L200 0003 8806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

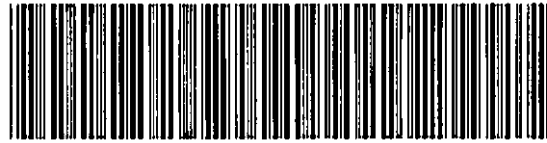
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000337846120

01/02/20--01020--021 **150.00

TALLAHASSEE, FLORIDA

20 JAN -2 AM 9:18

D O'KEEFE

FEB 11 2001

W20-11300



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 4, 2020

JENNIFER R. TEITELBAUM
MULBERRY GROVE ANIMAL HOSPITAL, LLC
7101 SE HWY 42
SUMMERFIELD, FL 34491

SUBJECT: MULBERRY GROVE ANIMAL HOSPITAL, LLC
Ref. Number: W20000011300

We have received your document for MULBERRY GROVE ANIMAL HOSPITAL, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 920A00002510

ALL AMBASSSE, FLORIDA

20 JAN -2 AM 9:18

20 JAN -2 AM 9:18

LAW OFFICE OF
JEFFREY L. SAUEY, P.A.
1721 S.E. 16TH AVENUE, SUITE 101
OCALA, FLORIDA 34471

JEFFREY L. SAUEY**
*LL.M. IN TAXATION
*BOARD CERTIFIED TAX LAWYER
*Florida Bar Board of Legal
Specialization and Education*

TELEPHONE
(352) 402-0300
FACSIMILE
(352) 402-0500
E-MAIL
jsauey@saueylaw.com

December 30, 2019

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

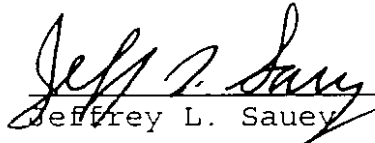
Via Federal Express Overnight
8146-9070-4052

RE: Mulberry Grove Animal Hospital, LLC

Dear Sir or Madam:

Enclosed you will find Articles of Conversion and Articles of Organization for filing, along with my firm check in the amount of \$150.00.

Sincerely yours,


Jeffrey L. Sauey

JLS:llg
Enclosures

TALLAHASSEE, FLORIDA

20 JAN -2 AM 9:13

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MULBERRY GROVE ANIMAL HOSPITAL, LLC
(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

JENNIFER R. TEITELBAUM

(Contact Person)

MULBERRY GROVE ANIMAL HOSPITAL, LLC

(Firm/Company)

7101 SE HWY 42

(Address)

SUMMERFIELD, FL 34491

(City, State and Zip Code)

wgladson@sao5.org.

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

JEFFREY L SAUEY ESQUIRE

at (352) 402-0300

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

☒ \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization)

☐ \$155.00 Filing Fees
and Certificate of
Status

☐ \$180.00 Filing Fees
and Certified Copy

☐ \$185.00 Filing Fees,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

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

MAILING ADDRESS:

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

Articles of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following **"Other Business Entity"** into a **Florida Limited Liability Company** in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
MULBERRY GROVE ANIMAL HOSPITAL, INC.

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a CORPORATION
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of FLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)

on APRIL 1, 2003
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:
MULBERRY GROVE ANIMAL HOSPITAL, LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: JANUARY 1, 2020
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.)

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.

5. The plan of conversion has been approved in accordance with all applicable statutes.

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

FILED
20 JAN -2 AM 9:19
TALLAHASSEE, FLORIDA

Signed this 29 day of DECEMBER 2019.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: Jennifer R. Teitelbaum

Printed Name: JENNIFER R. TEITELBAUM Title: MEMBER

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: Jennifer R. Teitelbaum

Printed Name: JENNIFER R. TEITELBAUM Title: PRESIDENT

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

Fees:

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ALL AMASSEE, FLORIDA

20 JAN -2 AM 9:19

111.11

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MULBERRY GROVE ANIMAL HOSPITAL, 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:

7101 SE HWY 42

SUMMERFIELD, FL 34491

Mailing Address:

7101 SE HWY 42

SUMMERFIELD, F 34491

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:

JENNIFER R. TEITELBAUM

Name

7101 SE HWY 42

Florida street address (P.O. Box **NOT** acceptable)

SUMMERFIELD

City

FL 34491

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)

ALL AMESSE, FLORIDA

20 JUN -2 AM 9:18

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

JENNIFER R. TEITELBAUM

7101 SE HWY 42

SUMMERFIELD, FL 34491

AMBR

WILLIAM M. GLADSON

7101 SE HWY 42

SUMMERFIELD, FL 34491

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

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.

JENNIFER R. TEITELBAUM

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)