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(Re	equestor's Name)	
(Ad	idress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE: 980943 8322522 AUTHORIZATION : COST LIMIT : ORDER DATE: August 30, 2021 ORDER TIME: 10:55 AM ORDER NO. : 980943-005 CUSTOMER NO: 8322522 DOMESTIC FILING NAME: NVA HERON CREEK VETERINARY MANAGEMENT, LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY ____ PLAIN STAMPED COPY ___ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Alexxis Weiland - EXT.

EXAMINER'S INITIALS: ____

COVER LETTER

	w Filing Sec vision of Co			
SUBJECT:	NVA Hero	on Creek Veterinary Manag		
SUBJECT.		Name of Lin	nited Liability Company	
The enclosed	d Articles of	Organization and fee(s) are	submitted for filing.	
Please return	all corresp	ondence concerning this ma	utter to the following:	
-			Name of Person	
_			Firm/Company	
-	<u> </u>		Address	
-	.	Ci	ity/State and Zip Code	
_		E-mail address: (to be used	for future annual report notificat	ion)
For further inf	ormation co	ncerning this matter, please	call:	
_)	
	Nam	ne of Person Ar	rea Code Daytime Telephon	ic Number
Enclosed is a	a check for t	he following amount:		
□\$125.00 F	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)
		ng Address	Street Address New Filing Section D	ivision

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

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

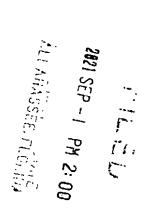
	condition words confided that	bility Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and str	eet address of the principal offic	e of the Limited	Liability Company is:	
<u>Pri</u>	ncipal Office Address:		Mailing Address:	
29229 Canwood	1 Street, Suite 100	2922	9 Canwood Street, Suite 100	
		Suite	Suite 100	
Suite 100		_		
Agoura Hills, C RTICLE III - Registered The Limited Liability Comnother business entity with	Agent, Registered Office, & I pany cannot serve as its own Re in an active Florida registration.)	Agot Registered Agen gistered Agent. Y	ura Hills, CA 91301 ot's Signature: You must designate an individual or	
Agoura Hills, C ARTICLE III - Registered The Limited Liability Comnother business entity with	1 Agent, Registered Office, & I pany cannot serve as its own Re	Agot Registered Agen gistered Agent. Y ent are:	it's Signature:	
Agoura Hills, C ARTICLE III - Registered The Limited Liability Comnother business entity with	Agent, Registered Office, & I pany cannot serve as its own Re h an active Florida registration.) Treet address of the registered ag Corporation Service Corporation	Agot Registered Agen gistered Agent. Y ent are:	it's Signature:	
Agoura Hills, C ARTICLE III - Registered The Limited Liability Comnother business entity with	Agent, Registered Office, & I pany cannot serve as its own Re in an active Florida registration.) Agreet address of the registered agency Corporation Service Corpora	Agou Registered Agent. Y gistered Agent. Y ent are: mpany anne	nt's Signature: r'ou must designate an individual or	
Agoura Hills, C ARTICLE III - Registered The Limited Liability Comnother business entity with	Agent, Registered Office, & I pany cannot serve as its own Re h an active Florida registration.) treet address of the registered ag Corporation Service Cor	Agou Registered Agent. Y gistered Agent. Y ent are: mpany anne	nt's Signature: r'ou must designate an individual or	
Agoura Hills, C ARTICLE III - Registered The Limited Liability Comnother business entity with	Agent, Registered Office, & I pany cannot serve as its own Re in an active Florida registration.) Agreet address of the registered agency Corporation Service Corpora	Agou Registered Agent. Y gistered Agent. Y ent are: mpany anne	nt's Signature: r'ou must designate an individual or	

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Corporation Service Company

(CONTINUED)

Registered Agent's Signature (REQUIRED)



ARTICLE IV-

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

"AMBR" = N		
	Authorized Member	
		National Veterinary Associates, Inc.
Į-KIK		29229 Canwood Street, Suite 100
		Agoura Hills, CA 91301
		
LEV: Effecti	ve date, if other than the date	of filing: (OPTIONAL)
offective date is e of filing.) If the date insecument's effect	s listed, the date must be spo erted in this block does not n live date on the Department of	neet the applicable statutory filing requirements, this date will not be listed
offective date is e of filing.) If the date insecument's effect	s listed, the date must be spo erted in this block does not n	ecific and cannot be more than five business days prior to or 90 days aft neet the applicable statutory filing requirements, this date will not be listed
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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)

