Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FL PATEL LAW PLLC

Account Number : I20170000097

: (727)279-5037

Phone Fax Number

: (727)888-1294

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Support@flpatellaw.com

Email Address:

### FLORIDA LIMITED LIABILITY CO.

Veterinary Relief Care, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00



### **COVER LETTER**

Tuesday, October 5, 2021

To: New Filing Section
Division of Corporation

17278881294

# Subject: VETERINARY RELIEF CARE, 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:

#### FL Patel Law PLLC

360 Central Avenue 8th Floor St. Petersburg, Florida 33701 Fax: 727-888-1294

For further information concerning this matter, please call or e-mail:

Jamie Primeau 727-279-5037 or e-mail at Support@flpatellaw.com

Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status

FL Patel Law PLLC

#### ARTICLES OF ORGANIZATION

#### **FOR**

#### VETERINARY RELIEF CARE, LLC

#### A FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I.

The name of the Limited Liability Company is: Veterinary Relief Care, LLC (the "Company

## ARTICLE II.

The principal office and mailing address of the Company is:

15017 North Dale Mabry Highway #1046 Tampa, Fl 33618

## ARTICLE III. Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida Street Address of the Registered Agent are:

FLP RA Services LLC 360 Central Avenue Suite 800 Saint Petersburg, FL 33701

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.

FLP RA Services LLC (sign)

## ARTICLE IV. Authorized Members and Managers

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	Name and Ado	dress
AMBR = Authorized Member MGR = Manager		
MGR	Adriana Colon Rodriguez 15017 North Dale Mabry Hi #1046 Tampa, FL 33618	ighway 7021 OC1
The Effective of	ARTICLE V.  date shall be the date of filing.	-6 PM 3:
Adriana	Colon Rodriguez (sign)	- 1 <b>€</b> 33 <b>€</b>

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.

Adriana Colon Rodriguez	
Authorized Representative/Member	