

**L22000087407**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : FILINGS, INC.  
Account Number : 072720000101  
Phone : (954)791-2100  
Fax Number : (954)583-4117

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

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
Companion Care Pet Hospital at Wekiva, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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CLERK OF STATE



March 2, 2022

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FILING, INC

SUBJECT: COMPANION CARE PET HOSPITAL AT WEKIVA, LLC  
REF: W22000026630

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Dil Sultana  
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FAX Aud. #: E22000064479  
Letter Number: 322A00005117

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## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Companion Case Pet Hospital at Wexim, 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:

Vani Poosapati

Name of Person

Firm/Company

4932 W State Road 46, #1030

Address

Sanford FL 32771

City/State and Zip Code

CCPETHOSPITAL@GMAIL.COM

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

For further information concerning this matter, please call:

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$190.00 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)

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

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Companion Care Pet Hospital at Wekiva, LLC  
(Must end with 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:Mailing Address:

3851 Wekiva Springs Road  
Longwood, FL 32779

4932 W. State Road 46  
#1030  
Sanford, FL 32771

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Vani Poosapati  
Name

4932 W. State Road 46, #1030  
Florida street address (P.O. Box NOT acceptable)

Sanford FL 32771  
City 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.

Vani Poosapati  
Registered Agent's Signature (REQUIRED)

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**ARTICLE IV-**

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

**Title:**

\*AMBR\* = Authorized Member

\*MGR\* = Manager

AMBRAMBRAMBR**Name and Address:**Vani Poosapati  
4932 W State Road 46, #1030  
Sanford, FL 32771Kyle Farrell  
4932 W State Road 46, #1030  
Sanford, FL 32771Geeta Nandya  
4932 W State Road 46 #1030  
Sanford, FL 32771

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

ARTICLE VI: Other provisions, if any.

**REQUIRED SIGNATURE:**Vani PoosapatiSignature of a member or an authorized representative of a member.  
(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 s.817.155, F.S.)Vani Poosapati

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)FILED  
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