

L22000292937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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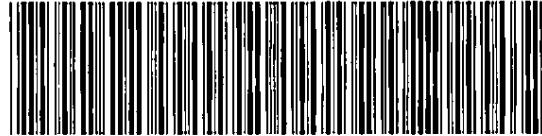
(Business Entity Name)

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ECHOVET CARDIOLOGY GROUP LLC

Signature _____

Requested by: SETH

06/09

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

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SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION
FOR
ECHOVET CARDIOLOGY GROUP LLC

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

ARTICLE I: NAME

The name of the company is **ECHOVET CARDIOLOGY GROUP LLC**

ARTICLE II: PRINCIPAL OFFICE

The principal office of the company is **17520 TALLY HO CT., ODESSA, FL 33556**

ARTICLE III: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is **ALAN SPIER, 17520 TALLY HO CT.,
ODESSA, FL 33556**

ARTICLE IV: AUTHORIZED MEMBER

The name of each individual authorized to represent the company is:

ALAN SPIER, AUTHORIZED MEMBER, 17520 TALLY HO CT., ODESSA, FL 33556

The undersigned has executed these Articles of Organization for filing purposes this 9th
day of June 2022.

/S/ **ALAN SPIER**

ALAN SPIER

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of the Florida Statutes, the mentioned company, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the company is: **ECHOVET CARDIOLOGY GROUP LLC**
2. The name and street address of the registered agent and office is:

**ALAN SPIER
17520 TALLY HO CT.
ODESSA, FL 33556**

HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED 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.

/S/ ALAN SPIER

ALAN SPIER

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STATE OF FLORIDA
TALLAHASSEE, FL