

L23000000985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

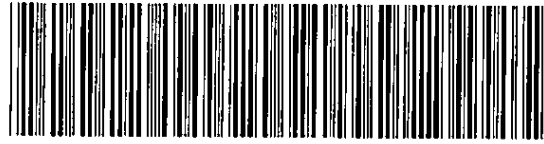
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only




000399757680

S. CHATHAM
JAN - 3 2023

RECEIVED
JAN 11 2023
11:15

RECEIVED
JAN 11 2023
11:02

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 296650 4327683
AUTHORIZATION : 
COST LIMIT : \$ 125.00

ORDER DATE : December 29, 2022
ORDER TIME : 2:0 PM
ORDER NO. : 296650-010
CUSTOMER NO: 4327683

DOMESTIC FILING

NAME: MARTINEZ ALVAREZ VETERINARY
ENTERPRISE, 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: Eyliena Baker - EXT.

EXAMINER'S INITIALS: _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Martinez Alvarez Veterinary Enterprise, 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:

Jeremy M. Musella, Esq.

Name of Person

Forchelli Deegan Terrana LLP

Firm/Company

333 Earle Ovington Blvd., Suite 1010

Address

Uniondale, NY 11553

City/State and Zip Code

jmusella@forchellilaw.com

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

For further information concerning this matter, please call:

Jeremy M. Musella, Esq. at (516) 812-6330

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 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)

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Martinez Alvarez Veterinary Enterprise, 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:

Mailing Address:

1201 Portofino Way
Champions Gate, FL 33896

1201 Portofino Way
Champions Gate, FL 33896

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:

Frank Martinez

Name

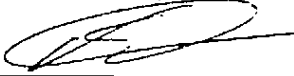
1201 Portofino Way

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

<u>Champions Gate</u>	<u>FL</u>	<u>33896</u>
City	State	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.

By


Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRET
DIVISION OF CORPORATIONS
2020 29 PM 1:15

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Frank Martinez
1201 Portofino Way
Champions Gate, FL 33896

STATE OF FLORIDA
DEPARTMENT OF STATE
4100 GULF BLVD
TALLAHASSEE, FL 32399
407-297-2971
FRI 1:15

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 1, 2023 (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.)

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

ARTICLE VI: 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.

Frank Martinez

Typed or printed name of signer

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)