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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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 : VAST ACCOUNTING & TAX SERVICES, LLC
Account Number : I20230000003
Phone : (347)387-5854
Fax Number : (800)217-8791

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.
Little Road Veterinary Clinic, LLC

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

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TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

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VAST
Accounting & Tax Services
"Value – Accuracy - Satisfaction – Trust"

COVER LETTER

Tuesday, March 07,2023

To: New Filing Section
Division of Corporation

Subject:
Little Road Veterinary Clinic, 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:

VAST Accounting & Tax Services
4714 Wolfram Ln
New Port Richey, FL 34653
Fax: 800-217-8791

For further information concerning this matter, please call or e-mail:
Magdy Youssef 347-387-5854 or e-mail at vastcpa@gmail.com

Enclosed is our fax filing coversheet for $125.00 for the Filing Fee

Registered agent name: Bassem Deeb
Address: 12170 Crestridge Loop, Trinity, FL 34655

VAST Accounting & Tax Services

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is

Little Road Veterinary Clinic, 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:**
12170 CRESTRIDGE LOOP	12170 CRESTRIDGE LOOP
TRINITY, FL 34655	TRINITY, FL 34655

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

BASSEM DEEB
Name

12170 CRESTRIDGE LOOP
Florida street address (P.O. Box **NOT** acceptable)

TRINITY	FL	34655
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Title:	**Name and Address:**
"AMBR" Authorized Member	
"MGR" Manager	
MGR	BASSEM DEEB 22120 CRESTRIDGE LOOP TRINITY, FL 34655

(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.)
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.

MGR BASSEM DEEB
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
2023 MAR -8 PM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA