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(Requ	uestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to Fi	ling Officer:	

Office Use Only



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To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 07/26/23

Order #: 1240986-1 Re: AEC PACE, LLC

Processing Method: Routine

### TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:

120000000195

AUTH:

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

# **COVER LETTER**

	New Filing Section Division of Corporations			
SUBJEC <sup>*</sup>	T: AEC Pace, LLC			
		of Limited Liabi	lity Company	
The enclo	sed Articles of Organization and fee	(s) are submitted	d for filing.	
Please ret	urn all correspondence concerning th	is matter to the	following:	
	Thomas Carlos			
		Name o	f Person	
		Firm/Co	ompany	
	5001 N. 12th Avenue			
		Add	ress	
	Pensacola, FL 32504			
	tecarlos@petcarehospital.com	City/State as	nd Zip Code	
	E-mail address: (to be	used for future	annual report notificati	on)
For further	information concerning this matter, p	olease call:		
	Thomas Carlos	850 at (	637-2900	
	Name of Person	Area Code	Daytime Telephone	Number
Enclosed i	is a check for the following amount:			
	0 Filing Fee ■\$130.00 Filing Fe Certificate of Statu	s Certif	55.00 Filing Fee & fied Copy nal 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 of Corporatio Clifton Building 2661 Executive Cente Tallahassee, FL 3230	т Circle

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
AECPace LLC.	
(Must conatin the words "Limited Liability Compa	eny, "L.L.C" or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Lim	ited Liability Company is:
Principal Office Address:	Mailing Address:
5001 N.12th Ave Parsacda Fl 38504	5001 N. 12+ DAVE PERSON FL 3250

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:

ARTICLE I - Name:

Thomas Carlos

Name

5001 N. 12th Ave

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

Pensacola FL 32504

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)

# ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorize "MGR" = Manager	d Member
Manager	Amy Carlos
Manager	5001 N. 12th Avenue
	Pensacola, FL 32504
<del></del>	
	<u> </u>
	·····
(Use attachment if nec	cessary)
•	
ARTICLE V: Effective date, if	other than the date of filing: 7/26/2023 (OPTIONAL)
(if an effective date is listed, th the date of filing.)	e date must be specific and cannot be more than five business days prior to or 90 days after
	is block does not meet the applicable statutory filing requirements, this date will not be listed as
	on the Department of State's records.
ARTICLE VI: Other provisions	ifany
•	, it ally.
REOUIRED SIGNA	THOU.
KEOCIKED	TORE.
	and for
Th. '	Signature of a member or an authorized representative of a member.
	locument is executed in accordance with section 605.0203 (1) (b), Florida Statutes, ware that any false information submitted in a document to the Department of State
	tutes a third degree felony as provided for in s.817.155, F.S.
	Ann Von
	Ann Yap  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 (12.7)

\$ 5.00 Certificate of Status (Optional)