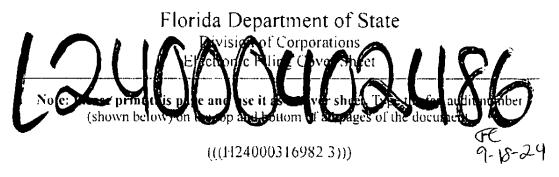
9/17/24, 3:30 PM

Division of Corporations





Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : I2004000031 : (800)906-9220

: (800)906-9880 Fax Number

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

Email Address:___

Estimated Charge

FLORIDA LIMITED LIABILITY CO.

\$130.00

Long Run VIP Pet Care, LLC Certificate of Status Certified Copy 0 Page Count 02

Electronic Filing Menu Corporate Filing Menu

Help



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Long Run VIP Pet Care, 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:

150 E. Palmetto Park Rd., Suite 340 Boca Raton, FL 33432 150 E. Palmetto Park Rd., Suite 340 Boca Raton, FL 33432

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:

Registered Agent Solutions, Inc.

More

2894 Remington Green Ln. Ste. A

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

TallahasseeFL32308ClyStateZip

Having been named as registered agent and to accept service of process for the above stated limited liability companying the place designated in this certificate. Thereby 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 didies and further with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

/S/ AVI WEISS, ASSISTANT SECRETARY

Registered Agent's Signature (NECLINES)

(CONTINUED)

ARI	TCL	E IV
-----	-----	------

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

Title:	Name and Address:
"AMBR" = Authoriz "MGR" = Manager	d Member
<u> </u>	Dana Matharia
MGRM	Dean McElwain 150 E. Palmetto Park Rd., Suite 340
	Boca Raton, FL 33432
	1
	[
	
 	
(If an effective date is listed, t the date of filing.) <u>Note:</u> If the date inserted in t	other than the date of filing:
REQUIREDSIGNA	TURE:
	/S/ Denn McElwain
l am	Signature of a member or an authorized representative of a member. (In document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, tware that any false information submitted in a document to the Department of State states a third degree felony as provided for in s.817.155, F.S.
	Dean McElwain
	Typed or printed name of signe
	Ciling Cage

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)