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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**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

To: 18506176383

Fax Number : (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone (307)200-2803 Fax Number : (813)436-5206

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

Email Ad	ldress:						
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# FLORIDA LIMITED LIABILITY CO.

### N J McKinnon PLLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

From: Northwest Registered Agent

To 18506176383

## ARTICLE 1 - Name: The name of the Limited Liability Company is: N J McKinnon PLLC (Must contain the words "Limited Liability Company, "L.L.C.," or "LEC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 5460 122nd Cir E Unit 404 5460 122nd Cir E Unit 404 Bradenion PL 34211 Bradenton FL 34211 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: Northwest Registered Agent LLC Name 7901 4th St N STE 300 Florida street address (P.O. Box NOT acceptable) St. Petersburg, FL 33702 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)

11/21/2024 13:30:35 PST

To: 18506176383

ARTICLE IV-

Page: 3/4

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

From: Northwest Registered Agent

Fex: 2083295246

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	McKinnon, Nancy Jo-Ann 5460 122nd Cir E Unit 404 Bradenton F1, 34211
<del></del>	
(Use attachment if necessary)	
(If an effective date is listed, the date must be the date of filing.)	date of filing: 11/19/2024 (OPTIONAL) e specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be fisted as nent of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	com sixtchx
Signature of a This document is ex I am aware that any	n member or an authorized representative of a member. ecuted in accordance with section 605,0203 (1) (b). Florida Statutes, false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.

### Filing Fees:

Typed or printed name of signee

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

Nat Smith

11/21/2024 13:30:35 PST To: 18506176383 Page: 4/4 From: Northwest Registered Agent Fax: 2083295246

#### Professional Business Purpose:

The purpose of the business is to provide veterinary specialty services in Ophthalmology. Which is the examination, diagnostics, surgical and medical treatment of all animal ophthalmic conditions including and not limited to; cataracts, corneal and eyelid diseases. The services are provided on a locum or mobile basis. As an American Veterinary Medical Association (AVMA) accredited Board Certified Ophthalmologist in the American College of Veterinary Ophthalmologists (ACVO) I am referred to as a Diplomate of the ACVO (DACV) and am providing a unique but highly in demand service to the veterinary community.

SECRETARY OF STATE FALLAHASSEE, FLORIO A