# 

(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



### FLORIDA FILING & SEARCH SERVICES, INC.

## P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

12/18/2024

NAME: JESSICA DEROSA DVM PLLC

TYPE OF FILING: ARTICLES

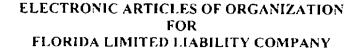
COST:

155.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE



#### **ARTICLE I**

The name of the Limited Liability Company is:

JESSICA DEROSA DVM PLLC

#### **ARTICLE II**

The street address of the principal office of the Limited Liability Company:

13901 NW Ninth Lane Newberry, Florida 32669

The mailing address of the principal office of the Limited Liability Company:

13901 NW Ninth Lane Newberry, Florida 32669

#### ARTICLE III

The name and the Florida street address of the registered agent of the Limited Liability Company is:

Jessica DeRosa 13901 NW Ninth Lane Newberry, Florida 32669

Having been named as registered agent to accept service of process for the above stated limited liability company at the place designated in these Articles of Organization, 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 of the Florida Statutes.

Signature of Registered Agent
Electronic Signature:

Jessica DeRosa

#### **ARTICLE IV**

The name and address of person(s) authorized to manage the Limited liability Company:

Title: Member Jessica DeRosa DVM 13901 NW Ninth Lane Newberry, Florida 32669

#### ARTICLE V

The effective date and time of these Articles of Organization shall be the date and time that these Articles of Organization are filed with the Florida Department of State, Division of Corporations.

#### ARTICLE VI

The Limited Liability Company is being formed for the purpose of practicing veterinary medicine and engaging in any lawful act or activity for which a licensed veterinarian may engage under Florida State Law.

Signature of Member or an Authorized Representative

Electronic Signature:

Jessica DeRosa

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Florida Department of State constitutes a third-degree felony as provided for in Section 817.155 of the Florida Statutes. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain active status.