Filing Fee: \$150.00



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Division of Business Services 148 W. River Street Providence, Rhode Island 02904-2615

LIMITED LIABILITY COMPANY

STATE CONTOURNATIONS BY

APPLICATION FOR REGISTRATION

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, I956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

ıs	land, and for that purpose submits the following statement	ent:			
1.	the visite of the minute maching company to				
	Seminole Animal Hospital Services, LLC				
	This company has been duly organized in its state of forma	tion as a low-profit limited liability compa	ny. (Check box if applicable)		
2.	The name, if different, under which it proposes to regi	ister and transact business in Rh	ode Island is:		
3.	3. The limited liability company is organized under the laws of Florida				
4.	4. The date of its organization is 5/1/14				
5.	5. The period of duration of the limited liability company is (if perpetual, so state) perpetual				
6.	The address of the limited liability company's resident agent in Rhode Island is:				
	222 Jefferson Blvd., Suite 200	Warwick	, RI 02888		
	(Street Address, not P.O. Box)	(City/Town)	(Zip Code)		
	and the name of the resident agent at such address is	Incorp Services, Inc.			
	-	(Name of A	(gent)		
7.	The secretary of state is appointed the agent of the time there is no resident agent or if the resident agent diligence.	foreign limited liability company t cannot be found or served follo	for service of process if at any wing the exercise of reasonable		
8.	The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:				
	2901 W SR 434, Suite 101, Longwood, FL 32779				
9.	The mailing address for the limited liability company is:				
	2901 W SR 434, Suite 101, Longwood, FL 32779				
	11:30 Am				
	FILED				
	m No. 450 rised: 07/12 JUL 2 1 2014				

10.		Management of the Limited Liability	Company (check <u>one</u> only):	
	Α.	The limited liability company is to be No. 11 – DO <u>NOT</u> LIST ANY NAMES	managed v by its members. (If you have checked this box, go to item S IN SECTION B.)	
	<u>or</u>			
	B.	. The limited liability company is to be managed by one (1) or more managers. (If the limited liability company has managers at the time of the filing of these Articles of Organization, state the name an address of each manager.)		
		<u>Manager</u>	<u>Address</u>	
	_			
	_			
11. This application is accompanied by a certificate of good standing duly authenticated by the secretary of authorized officer of the jurisdiction under which the foreign limited liability company was organized.			rtificate of good standing duly authenticated by the secretary of state or othe er which the foreign limited liability company was organized.	
12.	The date this Application for Registration is to become effective, if later than the date of filing, is:			
	(not prior to, nor more than 30 days after, the filing of this Application for Registration)			
			Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments and that all statements contained herein are true and correct.	
Date	e:	7/15/2014	Seminole Animal Hospital Services, LLC	
	-		Print Exact Name of Limited Liability Company Making Application	
			By Signature of Authorized Person	
			/ V) -3 3	

Certificate of Status

I certify from the records of this office that SEMINOLE ANIMAL HOSPITAL SERVICES, LLC, is a limited liability company organized under the laws of the State of Florida, filed electronically on May 06, 2014, effective May 01, 2014.

The document number of this company is L14000073299.

I further certify that said company has paid all fees due this office through December 31, 2014, and its status is active.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

Authentication Code: 140506140410-400259904964#1

2014 JUL 21 AM 14: 30

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Sixth day of May, 2014



Ken Detzner Secretary of State