DOC ID ----> 200615602174

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
06/06/2006	200615602174	ARTICLES OF ORGANIZATION/DOM. LLC (LCA)	125.00	.00	.00	.00	00

Receipt

This is not a bill Please do not remit payment.

MCSHERRY & COMPANY
178 EAST WASHINGTON ST
CHAGRIN FALLS, OH 44022

STATE OF OHIO

CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

1627776

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

TWINSBURG VETERINARY HOSPITAL AND PET LODGE, LLC

and, that said business records show the filing and recording of:

Document(s)	Document No(s):
ARTICLES OF ORGANIZATION/DOM. LLC	**200615602174**

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 5th day of June, A.D. 2006.

J. Kenneth Blackwell

Ohio Secretary of State

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Prescribed by **J. Kenneth Blackwell**
Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos
e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)	
Mail Form to one of the Following:	
O Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of $100 ***
◉ No	PO Box 670 Columbus, OH 43216

ORGANIZATION / REGISTRATION OF LIMITED LIABILITY COMPANY

(Domestic or Foreign)
Filing Fee $125.00

2006 JUN -5 PM 1:12

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX)

(1) ☑ Articles of Organization for Domestic Limited Liability Company (115-LCA) ORC 1705	(2) ☐ Application for Registration of Foreign Limited Liability Company (106-LFA) ORC 1705
	_____ (Date of Formation) _____ (State)

Complete the general information in this section for the box checked above.

Name Twinsburg Veterinary Hospital and Pet Lodge, LLC

☐ ***Check here if additional provisions are attached***

* If box (1) is checked, name must include one of the following endings: limited liability company, limited, Ltd, L t d., LLC, L.L.C.

Complete the information in this section if box (1) is checked.

Effective Date **(Optional)** _____ *(mm/dd/yyyy)* ***Date specified can be no more than 90 days after date of filing. If a date is specified, the date must be a date on or after the date of filing.***

This limited liability company shall exist for ***(Optional)*** perpetual existence (Period of existence)

Purpose ***(Optional)*** The purpose for which the Company is formed is to transact any and all lawful business for which limited liability companies may be organized under Ohio law.

The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is

(Optional)

_____ *(Name)*

_____ *(Street)* ***NOTE: P.O. Box Addresses are NOT acceptable.***

_____ *(City)* _____ *(State)* _____ *(Zip Code)*

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Complete the information in this section if box (2) is checked.

The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is

(Name)

(Street) ***NOTE: P.O. Box Addresses are NOT acceptable.***

(City) (State) (Zip Code)

The name under which the foreign limited liability company desires to transact business in Ohio is

The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is

(Name)

(Street) ***NOTE: P.O. Box Addresses are NOT acceptable.***

(City) Ohio (State) (Zip Code)

The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the OHIO SECRETARY OF STATE if:

a. the agent cannot be found, or
b. the limited liability company fails to designate another agent when required to do so, or
c. the limited liability company's registration to do business in Ohio expires or is cancelled.

REQUIRED
Must be authenticated **(signed)** by an authorized representative **(See Instructions)**

Authorized Representative — Date: 5/31/06

Print Name: James C. McSherry

Authorized Representative — Date

Print Name

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Complete the information in this section if box (1) is checked Cont.

ORIGINAL APPOINTMENT OF AGENT

The undersigned authorized member, manager or representative of

Twinsburg Veterinary Hospital and Pet Lodge, LLC
(name of limited liability company)

hereby appoint the following to be statutory agent upon whom any process, notice or demand required or permitted by statute to be served upon the limited liability company may be served. The name and address of the agent is:

James C. McSherry
(Name of Agent)

178 East Washington Street
(Street) ***NOTE: P.O. Box Addresses are NOT acceptable.***

Chagrin Falls *(City)* | Ohio *(State)* | 44022 *(Zip Code)*

Must be authenticated by an authorized representative

Authorized Representative — Date: 5/31/06

Authorized Representative — Date

ACCEPTANCE OF APPOINTMENT

The undersigned, named herein as the statutory agent for

Twinsburg Veterinary Hospital and Pet Lodge, LLC
(name of limited liability company)

hereby acknowledges and accepts the appointment of agent for said limited liability Company.

(Agent's signature)

PLEASE SIGN PAGE (3) AND SUBMIT COMPLETED DOCUMENT