Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850) 205-0383

From:

: PARCORP SERVICES, LTD. Account Name

Account Number : 119990000011 Phone : (800) 603-2533 Fax Number

: (800)398-0461

# LIMITED LIABILITY COMPANY

# **VETA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Fax Audit No. (((H 04000050248 3 )))

#### STATE OF FLORIDA - ARTICLES OF ORGANIZATION OF

#### **VETA LLC**

Pursuant to s. 608.407, Florida Statutes.

ARTICLE I - Name:

The name of the Limited Liability Company is:

**VETA LLC** 

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

5760 NW 72ND WAY, PARKLAND, FL 33067

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name of the Florida street address of the registered agent are:

## **SPYROS VLAHOS**

Name

#### 5760 NW 72ND WAY

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

### PARKLAND, FL 33067

City, State and 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 50%.

Registered Agentus Significane

ARTICLE IV - Management Check Box if Applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is therefore, a

manager - managed company.

Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Plorids Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true,)

**DAVID L. SURINA** 

Typed or Printed name of signee

Preparer Info:

Parcorp Services, Ltd. / David L. Surina

931 W. 75th Street, Ste. 137-317, Naperville, IL. 60565 / (800) 603-2533

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# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507 FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

#### **VETA LLC**

2. The name and Florida street address of the registered agent are:

SPYROS VLAHOS	
Name	
5760 NW 72ND WAY	
Florida street address (P.O. Box NOT ACCEPTABLE)	
PARKLAND, FL 33067	
City, State and 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 608, F.S..

Registered Agent SPYROS VLAHOS

Fax Audit No. (((H 04000050248 3 )))

SECRETARY OF STAIR

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