

L080000078798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

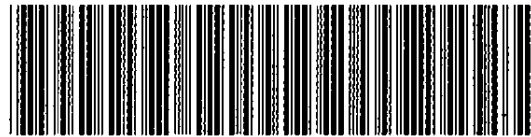
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/18/08--01032--001 **125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 AUG 18 PM 12:18

J. BRYAN

AUG 19 2008

EXAMINER

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32315

Amerivet Enterprise, LLC

Enclosed is the original and one copy of the Articles and a check in the amount 125.00 for Secretary of State which represents the filing fee for a Limited Liability Company. Please return the enclosed additional copies to me with the filing date stamped on it.

FROM Strategic Corporate Services Plus, Inc.

1500 Avenue F Suite # 3

Ely, NV 89301

1-866-310-7269
(Telephone)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Amerivet Enterprise, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

1297 Cottage Grove Road
Tarpon Springs, FL 34689

Mailing Address:

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:

Larry P. Godbold

Name

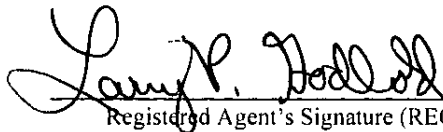
1297 Cottage Grove Road

Florida street address (P.O. Box **NOT** acceptable)

Tarpon Springs FL 34689

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's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Larry P. Godbold
1297 Cottage Grove Road
Tarpon Springs, FL 34689

MGRM

Cathleen L. Godbold
1297 Cottage Grove Road
Tarpon Springs, FL 34689

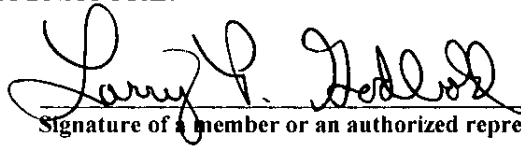
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

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

Larry P. Godbold

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)