120007066

(Re	equestor's Name)	
(Address)		
(Ad	dress)	
(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

G. MCLEOD

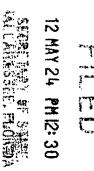
MAY 25 2012

EXAMINER



600235348316

05/24/12--01010--025 **125.00



COVER LETTER

3

Division of Corporations	
SUBJECT: Vet Arms, LLC	
	Liability Company
The enclosed Articles of Organization and fee(s) are sub	mitted for filing.
Please return all correspondence concerning this matter	to the following:
Joshua Cope	
Na	ame of Person
Vet Arms, LLC	
Pi	rm/Company
400 Countyline Road, Unit	12
	Address
Oakland, Florida 34787	
•	ate and Zip Code
vetarms2012@yahoo.com E-mail address: (to be used for the control of the control	uture annual report notification)
For further information concerning this matter, please ca	
Joshua Cope	, 202 \ 406-0033
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}	\$155.00 Filing Fee & Secretified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassan FL 23214	Street/Courier Address Registration Section Division of Corporations Clifton Building

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Comp	any is:	
Vet Arms, LLC		
(Must end with the words "Limit	ted Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of	f the principal office of the Limited Liab	bility Company is:
Principal Office Address:	Mailing Address:	
400 Countyline Court, Unit 12 Oakland, FL	400 Countyline Court, Unit	12
34787	34787	
The name and the Florida street address of Erica Cope	of the registered agent are:	TO HAY
322 E. Henschen Ave. (Mailing - P.O. Box 366		24
	treet address (P.O. Box NOT acceptable)	
Oakland	_{FL} 34760	5 T
	City, State, and Zip	30
registered agent and agree to act in this c statutes relating to the proper and comp	ted in this certificate, I hereby accept the	appointment as the provisions of all familiar with and
Registered Agent'	s Signature (REQUIRED)	

(CONTINUED)

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Joshua Cope P.O. Box 366 Oakland, FL 34760
(Use attachment if necessary)	•
ARTICLE V: Effective date, if other than (If an effective date is listed, the date mu to or 90 days after the date of filing.)	n the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Joshua Cope

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)