

L13000174497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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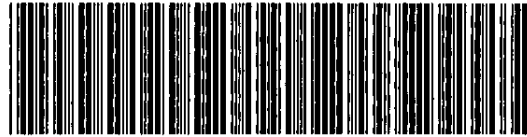
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FEB 11 2014  
11:05 AM  
U.S. DEPT. OF JUSTICE  
OFFICE OF THE ATTORNEY GENERAL

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: We That Served, LLC  
Veterans Unite, LLC

Enclosed are an original and one (1) copy of the articles of organization for We That Served, LLC and a check for \$125.00 for the Filing Fee. Also enclosed are an original and one (1) copy of the articles of organization for Veterans Unite, LLC and a check for \$125.00 for the Filing Fee from:

Robert Kraemer  
11165 5<sup>th</sup> Street East  
Treasure Island, Florida 33702  
(513) 518-0033  
rbrucek111@gmail.com

Sincerely,



Robert Kraemer  
William L. Clark

Encl: The original and one copy of the articles  
(2) Checks for \$125.00 each

RECEIVED  
SEP 11 PM 2:05  
TALLAHASSEE, FL  
DIVISION OF CORPORATIONS

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I.**

The name of the Limited Liability Company is:

**WE THAT SERVED, LIMITED LIABILITY COMPANY**

**ARTICLE II.**

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

**Mailing Address:**

11165 5<sup>th</sup> Street East  
Treasure Island, Florida 33706

**Street Address:**

11165 5<sup>th</sup> Street East  
Treasure Island, Florida 33706

**ARTICLE III.**

The name and the Florida street address of the Registered Agent are:

ROBERT BRUCE KRAEMER  
11165 5<sup>th</sup> Street East  
Treasure Island, Florida 33706

*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, Florida Statutes.*

  
\_\_\_\_\_  
Signature of Registered Agent

**ARTICLE IV:**

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

**TITLE:**

**"MGR" = MANAGER**

**"MGRM" = MANAGING MEMBER**

**NAME AND ADDRESS:**

MGRM

ROBERT BRUCE KRAEMER  
11165 5<sup>th</sup> Street East  
Treasure Island, Florida 33706

MGRM

CHARLES ROCKY BRILEY  
11165 5<sup>th</sup> Street East  
Treasure Island, Florida 33706

MGRM

KEVIN PAUL SABOURIN  
11165 5<sup>th</sup> Street East  
Treasure Island, Florida 33706

**ARTICLE V:**

The Effective Date is the date of filing with the Division of Corporations.

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature 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, Florida Statutes.

  
\_\_\_\_\_  
Typed or printed name of signee

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DIVISION OF CORPORATIONS  
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TREASURE ISLAND, FLORIDA