

L14000064920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

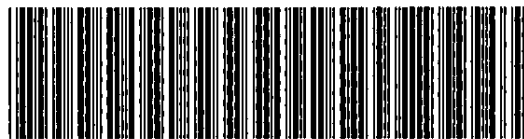
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/14/14--01018--019 **155.00

FILED
2014 APR -1 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
APR 22 2014

Handwritten signature/initials
177684
11/1/14
11/1/14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 19, 2014

FADIL KERANOVIC
322 MIRACLE STRIP PKWY SW
FORT WALTON BEACH, FL 32548

SUBJECT: COR-VET LLC.
Ref. Number: W14000017684

COR-VETS LLC

We have received your document for COR-VET LLC. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P02000027020 "CORVET, INC.".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 214A00005994

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: COR-Vet _____
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Fadil Keranovic _____
Name of Person

COR-Vet LLC _____
Firm/Company

322 Miracle Strip Parkway SW _____
Address

Fort Walton Beach, FL 32548 _____
City/State and Zip Code

keranovicf@GMAIL.com _____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fadil Keranovic at (850) 748-2909
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|--|---|

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MEMORANDUM FOR FLORIDA DEPARTMENT OF STATE
Division of Corporations
Attn: Karen A Saly
P.O. Box 6327
Tallahassee FL 32314

FILED
2014 APR -1 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Modification of Application for COR-Vets LLC REF: W14000017684

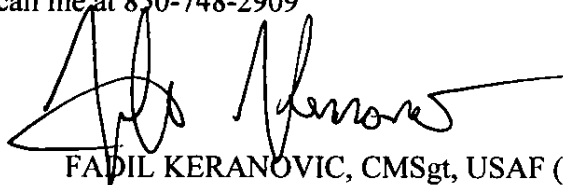
Dear MS SALY,

I am providing this letter to add the proper name for our Limited Liability Corp. LLC herein after named: COR-Vets LLC.

We have also attached the proper corrected Article of Organization forms and made a change to the mailing address.

We understand that our company name is similar to CORVET INC. P02000027020 but our name stands for Contracting Officers Representative-Veterans (COR-Vets LLC). So we would like it to be as stated in that manner please.

If you have any questions you may call me at 850-748-2909



FADIL KERANOVIC, CMSgt, USAF (ret.)
Operations Manager
COR-Vets LLC.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

~~COR-Vet LLC.~~ COR-VETS 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:

322 Miracle Strip Parkway
Fort Walton Beach FL 32548

Mailing Address:

7553 JOHN MATTHEWS
MILTON FL 32583

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:

Fadil Keranovic
Name
7553 John Matthews Rd
Florida street address (P.O. Box NOT acceptable)
Milton FL 32583
City 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 605, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Operations Manager

Name and Address:

Fadil Keranovic

7553 John Matthews Rd

Milton FL 32583

General Manager

Metin Kebir

322 Miracle Strip PKWY SW

Fort Walton Beach FL 32548

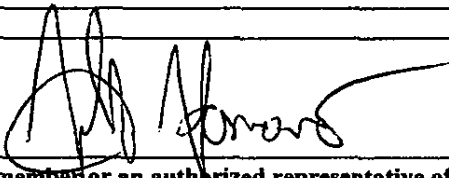
(Use attachment if necessary)

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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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

(In accordance with section 605.0203 (1) (b), 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.)

FADIL KERANOVIC

Typed or printed name of signee

CHIEF OPERATING
OFFICER (COM)

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)