L15000142324

(Requestor's Name)				
(Address)				
				(City/State/Zip/Phone #)
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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FILING CANCELLED RETURNED CHECK

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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	Worldwide SuperVetts LLC					
SOBJE	Name of Limited Liability Company					
The enc	losed Articles of Organization and fee(s) are submitted for filing.					
Please r	etum all correspondence concerning this matter to the following:					
	Charles Bazier					
	Name of Person					
	Worldwide SuperVetts LLC					
	Firm/Company					
	P.O BOx 697					
Address						
	West Palm Beach Fl 33402					
	City/State and Zip Code					
	Mastaent@aol.com E-mail address: (to be used for future annual report notification)					
For furth	er information concerning this matter, please call:					
	Charles Bazier 404 707-0942					
	Name of Person Area Code Daytime Telephone Number					
Enclose	d is a check for the following amount:					
\$125.00	Filing Fee \$\int \\$130.00 \text{ Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\int \\$160.00 \text{ Filing Fee, Certified Copy}\$\$ (additional copy is enclosed)					

Mailing Address

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

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

•					
ARTICLE I - Name: The name of the Limited Liability Company is:	FILING CANCELLED				
The name of the Estated Laboraty Company to	RETURNED CHECK				
Worldwide SuperVetts 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:	Mailing Address:				
2709 Embassy Dr.	P.O. Box 697				
West Palm Beach Fl 33401	West Palm Beach Fl 33402				
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:					
Micheal H, Freeman					
Name					
121 S. Orange Ave					
Florida street address (P.O. Box NOT acceptable)					

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 at 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.

State

Orlando Fl 32801

City

stered Agent's Signature (REQUIRED)

Zip

CONTINUED)

Page 1 of 2

FILING CANCELLED RETURNED CHECK

ARTICLE IV-

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

Title:		Name and Address:	
"MGR" = Ma AMBR	uthorized Member nager Charles Bazier 2709 Embassy Dr.		
	West Palm Beach F	33401	
MGR	Kris Davis 2709 Embassy Dr.		
	West Palm Beach F	33401	
(Use attachme	ent if necessary)		
(If an effective date is I the date of filing.) Note: If the date insert	e date, if other than the date of filing: 08/10/2015 listed, the date must be specific and cannot be more than ted in this block does not meet the applicable statutory filing to date on the Department of State's records.	i five business days prior to or 90 days after	
ARTICLE VI: Other pr To Do all lawful Busin	rovisions, if any. ess.		
REOUIRED	SIGNATURE:		
	Chale Bazin		
	Signature of a member or an authorized representation of the second of t	05.0203 (1) (b), Florida Statutes.	
	Charles Bazier Typed or printed name of sig	nee	

as

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)