

L16000015402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

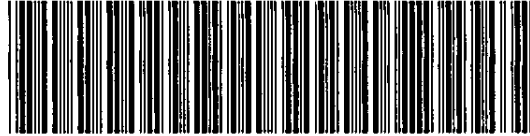
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only

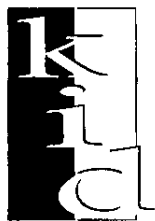


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01/15/16--01015--014 \*\*125.00

EFFECTIVE DATE 01/12/16

01/27/16



1111 Kane Concourse  
Suite 611-A  
Bay Harbor Islands  
Florida 33154  
Tel: (305) 868-1333  
Fax: (305) 861-2296  
E-mail: krisdou@msn.com

**KRIS I. DOUGHERTY**

CERTIFIED PUBLIC ACCOUNTANT

January 8, 2016

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

**Re: PETMEDRX, LLC.**

To Whom It May Concern:

Please find enclosed the following items:

- Documents requesting articles of corporation for the above mentioned company
- Check #1057 in the amount of \$125.00
- Proof of EIN confirmation for PETMEDRX, LLC

Copies have been provided for your records. Please call me if you have any questions.

Very Truly Yours,

*Kris I. Dougherty*

Kris I. Dougherty, C.P.A.

KID:Imt  
Enclosures  
CC: Joel Navratik

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: PETMEDRX, LLC**

\_\_\_\_\_  
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:

JOEL BETH NAVRATIK

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

9316 CARLYLE AVENUE

\_\_\_\_\_  
Address

SURFSIDE, FL. 33154

\_\_\_\_\_  
City/State and Zip Code

JNAVRATIK@GMAIL.COM , PETMEDRX@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

*EIN: 81-1031060*

JOEL BETH NAVRATIK

305

610-7441

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &  
Certificate of Status



\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)



\$160.00 Filing Fee,  
Certificate of Status &  
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:

PETMEDRX, 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:**

9316 CARLYLE AVENUE  
SURFSIDE, FL. 33154

SAME

**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:

JOEL BETH NAVRATIK

Name

9316 CARLYLE AVENUE

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

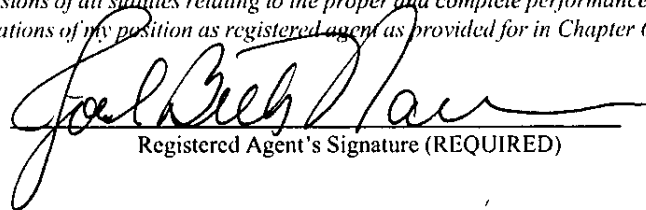
SURFSIDE FL 33154

City

State

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)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

JOEL BETH NAVRATIK

9316 CARLYLE AVENUE

SUFSIDE, FL. 33154

\_\_\_\_\_

\_\_\_\_\_

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: JANUARY 12, 2016 (OPTIONAL)

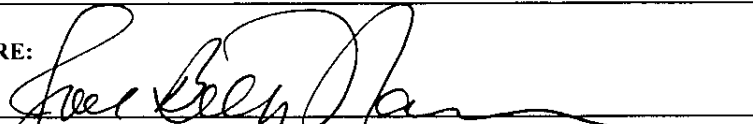
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

ANY LAWFUL PURPOSE

**REQUIRED SIGNATURE:**



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

JOEL BETH NAVRATIK

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)**