

L16000179490

(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:

Given Authorization to
Correct Article 1 on 9/23/2016

Office Use Only



900289578289

08/29/16--01031--006 **130.00

16 SEP 23 AM 10:59

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 7, 2016

WILLIAM DUDLEY
1072 ALCALA DRIVE
ST. AUGUSTINE, FL 32086

SUBJECT: VETS-4-COPS
Ref. Number: W16000061148

16 SEP 23 AM 11:00

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TALLAHASSEE, FLORIDA

We have received your document for VETS-4-COPS and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

We do not require bylaws to filed with this office.

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) 245-6052.

Matthew T Moon
Regulatory Specialist II

Letter Number: 916A00018803

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VETS-4-COPS 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:

William Dudley

Name of Person

VETS-4-COPS

Firm/Company

1072 Alcala Drive

Address

St. Augustine, Florida 32086

City/State and Zip Code

anuday00@aol.com and gl@snowdogs.us

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

For further information concerning this matter, please call:

George Linardos

904

495-6111

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

16 SEP 23 AM 11:00

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VETS-4-COPS 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:

1072 Alcala Drive, St. Augustine, FL 32086

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:

William Dudley

Name

1072 Alcala Drive

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

St. Augustine

Florida

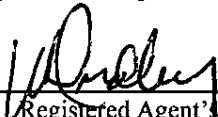
32086

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)

16 SEP 23 AM 11:00

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TALLAHASSEE, FLORIDA

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:

William Dudley

1072 Alcala Drive

St. Augustine, Florida 32086

AMBR

George Linardos

P.O. Box 189

St. Augustine, Florida 32085

AMBR

CMD Scott Beaver

4015 Lewis Speedway

St. Augustine, Florida 32084

AMBR

Raymond Quinn

P.O. Box 2117

St. Augustine, Florida 32085

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TALLAHASSEE
FLORIDA

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(Use attachment if necessary)


ARTICLE V: Effective date, if other than the date of filing: August 19, 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.

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.

George Linardos

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)

ARTICLE IV - Con't

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

AMBR

Mark Minor
1371 Prince Road
St. Augustine, Florida 32086

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TALLAHASSEE, FLORIDA
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