Division of Corporations

Division of Corporation **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000042993 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614)280-3338

Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## FLORIDA LIMITED LIABILITY CO. Veterinary Products International, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

M. MOON FEB 1 4 2017

## **COVER LETTER**

TO:	Registration Division of C				
SUBJI	ECT: <u>Veterina</u>	ry Products International, LI Name of Lin	C nited Liability Company		
The en	closed Articles	of Organization and fee(s) ar	re submitted for filing.		17
Please	return all corres	spondence concerning this m	atter to the following:		7 FER 14 88 1: 07
	<del></del>		Bernadette M. Dennehy		77.1
			Name of Person		
			Dickinson Wright PLLC		$\hat{\Xi}$
			Firm/Company		
		500	Woodward Ave., Suite 4000 Address		
			, 1541.535		
			Detroit, MI 48226 City/State and Zip Code		
			ehv@dickinson-wright.com		
		E-mail address: (to be use	d for future annual report notifica	ntion)	
For fu	rther information	n concerning this matter, ple	ase call:		
Thom	as Munzenberge	er at (	313 ) 223-3767		
		ne of Person		lephone Number	
Enclos	sed is a check fo	er the following amount:			
□ \$125.6	00 Filing Fee	☐\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fcc, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Reg Divi	iling Address istration Section ision of Corporations . Box 6327	Street/Courier Add Registmtion Section Division of Corporal Clifton Building		
		alinssee, FL 32314	2661 Executive Cen Tallahassee, FL 323		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:			
Veterinary Products International, LLC (Must end with the words "L	indepth of the Co	man, "I I C " on "I I C "	-
(Musi end with the words "L	amilied Elability Co	mpany, L.L.C., or LLC.	一 当 清
ARTICLE II - Address: The mailing address and street address of the princ	cipal office of the L	imited Liability Company is	s: 6
Principal Office Address:	Mailing	Address:	مند. مناب
175 Sarasota Center Boulevard Sarasota, FL 34240		sota Center Bouleyard FL 34240	
ARTICLE III - Registered Agent, Registered C (The Limited Liability Company cannot serve as i another business entity with an active Florida reg The name and the Florida street address of the reg	its own Registered / istration.)		
CTC	omoration System		
	Name		
1200 5	uth Pine Island Road	ı	
Florida street address (P.			
Plantation	FL	33324	
City		Zip	
Having been named as registered agent and to ue the place designated in this certificate, I hereb capacity. I further agree to comply with the pro- of my duties, and I am familiar with and accept	y accept the appoint visions of all statute	ment as registered agent and s relating to the proper and c ny position as registered age	d agree to act in this complete performance
C T Corporation Syste By: In III Segistered Agent		Halpin, Assistant Secretary IRED)	,
(CO)	NTINUED)		

Page 1 of 2

13362 - 62.04/2014 Wolters Klawer (home

<u>Title:</u> "AMBR" = Authorized Membe	Name and Address:	
"MGR" = Manager		
MGR	The Anderson Group, LLC	-
	111 2nd Avenue NE, Suite 1250 St. Petersburg, FL 33701	-
	54. Telegodia, 112 33 (0)	-
MGR		_
		-
		-
	·	-
		-
		-
		-
		•
	<del></del>	-
ective date is listed, the date m of filing.)	n the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior to or 9	90 days
EV: Effective date, if other that ective date is listed, the date in of filing.)	n the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior to or 9	90 days
E V: Effective date, if other than ective date is listed, the date in of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	ust be specific and cannot be more than five business days prior to or 9	90 days
E V: Effective date, if other that ective date is listed, the date m of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	ust be specific and cannot be more than five business days prior to or 9	90 days
E V: Effective date, if other that ective date is listed, the date in of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signatur	ust be specific and cannot be more than five business days prior to or 9	
E V: Effective date, if other that ective date is listed, the date in of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signatur (In accordance with s	e of 5 member or an authorized representative of a member.	
E V: Effective date, if other that ective date is listed, the date in of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature (In accordance with seconstitutes an affirmal am aware that any file.)	e of a member or an authorized representative of a member, ection 605.0203 (1) (b), Florida Statutes, the execution of this document tion under the penalties of perjury that the facts stated herein are true, also information submitted in a document to the Department of State	
E V: Effective date, if other that ective date is listed, the date in of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature (In accordance with seconstitutes an affirmal am aware that any file.)	e of 5 member or an authorized representative of a member, ection 605.0203 (1) (b), Florida Statutes, the execution of this document tion under the penalties of perjury that the facts stated herein are true.	
E V: Effective date, if other that ective date is listed, the date in of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature (In accordance with seconstitutes an affirmal am aware that any file.)	e of a member or an authorized representative of a member, ection 605.0203 (1) (b), Florida Statutes, the execution of this document tion under the penalties of perjury that the facts stated herein are true, alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.)	
E V: Effective date, if other that ective date is listed, the date in of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature (In accordance with seconstitutes an affirmal am aware that any file.)	e of 5 member or an authorized representative of a member, ection 605.0203 (1) (b), Florida Statutes, the execution of this document tion under the penalties of perjury that the facts stated herein are true, also information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.)  Adam J. Wallace	
E V: Effective date, if other that ective date is listed, the date in of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature (In accordance with seconstitutes an affirmation and affirm	e of a member or an authorized representative of a member, ection 605.0203 (1) (b), Florida Statutes, the execution of this document tion under the penalties of perjury that the facts stated herein are true, also information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.)  Adam J. Wallace Typed or printed name of signee	77 7
E V: Effective date, if other that ective date is listed, the date in of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature (In accordance with seconstitutes an affirmation and affirm	e of a member or an authorized representative of a member, ection 605.0203 (1) (b), Florida Statutes, the execution of this document tion under the penalties of perjury that the facts stated herein are true, also information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.)  Adam J. Wallace Typed or printed name of signee	77 7
E V: Effective date, if other that ective date is listed, the date in filling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature (In accordance with seconstitutes an affirmal am aware that any ficonstitutes a third deconstitutes a third deconstitutes at the seconstitutes at the seconsti	e of a member or an authorized representative of a member, ection 605.0203 (1) (b), Florida Statutes, the execution of this document tion under the penalties of perjury that the facts stated herein are true, also information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.)  Adam J. Wallace Typed or printed name of signee	77 7
E V: Effective date, if other that ective date is listed, the date in filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature (In accordance with seconstitutes an affirmal am aware that any ficonstitutes a third deconstitutes a third deconstitutes at the seconstitutes at the seconstit	e of a member or an authorized representative of a member, ection 605.0203 (1) (b), Florida Statutes, the execution of this document tion under the penalties of perjury that the facts stated herein are true, also information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.)  Adam J. Wallace Typed or printed name of signee	