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PICK-UP WAIT MAIL
(Business Entity Name)
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3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

10/10/2019

D	te: 10/10/2019
	Acc#120160000072
Name:	VETMEDS EXPRESS II, INC.
Document #:	
Order #:	12253378
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:	
Apostille/Notarial Certification:	Country of Destination: Number of Certs:
Filing: 🗸	Certified: ✓ Plain: COGS: ✓
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 185.00

Thank you!

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: VetMeds Express II, Inc.
VerMeds Express II, Inc. (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Florida corporation (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
April 25, 2019 (date of organization, formation or incorporation)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
VetMeds Express II, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after
the date this document is filed by the Florida Department of State.) 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.
5. The plan of conversion has been approved in accordance with all applicable statutes.
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605,1006 and 605,1061-605,1072, F.S.

Signed this 8th day of October .	20_19
Signature of Authorized Representative of Limit	ed Islability Company:
Signature of Authorized Representative: Printed Name: John D. Johnson	Title: President of Sole Member
the state of the s	
Signature(s) on behalf of Other Business Entity: Printed Name; John D. Johnson	Title: President
Signature: Printed Name:	
Signature: Printed Name:	_Title:
Signature: Printed Name:	
Signature: Printed Name:	Title:
Signature; Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	Officer.
If Morldy General Partnership or Limited Limbility Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALE General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:
VetMeds Express II, LLC	
(Must contain the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	principal office of the Limited Liability Company is:
	perioripal control of the periority of the period of the pe
Principal Office Address:	Mailing Address:
7649 Gulf Boulevard	2000 Morris Avenue, Suite 1700
Navarre Beach, Florida, US 32566	Birmingham, Alabama 35203
(The Limited Liability Company cannot serve as its own Repulsion to business entity with an active Florida registration.) The name and the Florida street address of the CT Corporation System	e registered agent are:
Na	me
1200 South Pine Island Road	
Florida street address (P	O. Box NOT acceptable)
Plantation	FL 33324
City	Zip
	I to accept service of process for the above stated limite

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)

ANN J. WÎLLIAMS
Special Assistant Secretary

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	· · · · · · · · · · · · · · · · · · ·
"MGR" = Manager	
MGR	John D. Johnson
· · · · · · · · · · · · · · · · · · ·	7649 Gulf Boulevard
	Navarre Beach, Florida 32566
TV DAY College States of Santa	
<u></u>	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE: Signature of a member o	
Signature of a member of This document is executed in accordance as provided for in s. 817.155, F.S. Navarre Corporation, a Pla corporation	r an authorized representative of a member