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STATE OF ARIZONA  
SUPERIOR COURT

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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: VedaPointe 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:

Annalise Papinea  
Name of Person  
VedaPointe LLC  
Firm/Company  
225 South Meramec Avenue, Suite 600  
Address  
Clayton, MO 63105  
City/State and Zip Code  
annalise@vedapointe.com and mark@vedapointe.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Annalise Papineau 314 296-8875  
Name of Person at ( ) 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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VedaPointe LLC.

(Must contain 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:

225 South Meramec Avenue, Suite 600  
Clayton, MO 63105

225 South Meramec Avenue, Suite 600  
Clayton, MO 63105

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:

Joy Fulton

Name

32 Preserve Island Circle

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

Ponte Vedra

FL

32082

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.*

*Joy Fulton*

Registered Agent Signature (REQUIRED)

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**ARTICLE IV-**

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

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

CIO/MGR

Eric Vallo  
27 Crestwood Drive  
Clayton, MO 63105

CEO/MGR

Glen Schuster  
14 Berkley Lane  
St. Louis, MO 63124

COO/AMBR

Mark Anderson  
1462 Mumma Court  
Chesterfield, MO 63005

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.

Mark Anderson  
\_\_\_\_\_  
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)

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 DEPT OF STATE  
 TALLAHASSEE, FLORIDA