Requester's Name 910501d ST Augu Address 7914 bassor, PL 32311 City/State/Zip Phone #	900056 1-953- 8000	OI APR II PA
CORPORATION NAME(S) & DOCU	Office Use Only OMENT NUMBER(S), (if known):	4 3: 53 STATE FLORID
1. Johnny Pet pandis (Corporation Name)		, Marie
2. (Corporation Name)	(Document #) 80000393	 328785
3(Corporation Name)	ーリキイ12791 *****625。 (Document #)	01001002 00 ****125.00
4. (Corporation Name)	(Document #)	· · · · · · · · · · · · · · · · · · ·
Walk in Pick up time Mail out Will wait	Photocopy Certified Co	
NEW FILINGS	AMENDMENTS	
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	or () (-5658)
OTHER FILINGS	REGISTRATION/QUALIFICATION	al
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	
	_	

CR2E031(7/97)

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMP.

A DELICATION FOR FLORIDA LIMITED LIABILITY COM
ARTICLE I - Name:
The name of the Limited Linux
The name of the Limited Liability Company is:
ARTICLE U- Address:
ARTICLE II - Address:
The mailing address and street address of the
The mailing address and street address of the principal office of the Limited Liability Company is
9105 old ST. Augustino Pality Company is
Tallahass of the top w
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Fig. 1
The name and the Florida street address of the registered agent are:
Johnny Pel Mandis H Sio 5 dld Si. Hugusiine Pol Tallahass of FL FL 32311
S.C. Name
Florida vid ST. Augustine Bl
Tallaha & Soft Education (P.O. Box NOT acceptable)
Tallahas feet address (P.O. Box NOT acceptable) City, State, and Zip
Taving heen named as well a
liability company at the place designated in this certificate, I hereby accept the above stated limited registered agent and agree to act in this capacity. I further agree to comply with a statutes relative to the complex complex of the complex c
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 608, F.S
Registered Agent's Signature
Article IV - Managarant (Gr
Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.
therefore, a manager - managed company.
managed company.
(An additional article must be added if an effective date is requested)
s: Office date is requested)
Signalure of a member or an authorized representative of a member.
UII accordance with and a second
of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
that the facts stated herein are true.)
Johnny Petrandis I
Typed or printed name of signee
Filing Fees:
\$100.00 Filing Fee for Autilian
\$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent
Columen 1 ony (Ontion 1)
\$ 5.00 Certificate of Status (Optional)