

LD4000042926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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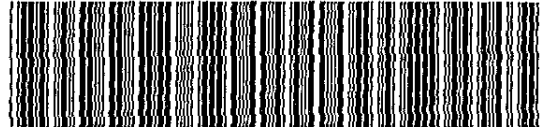
(Business Entity Name)

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LD4-42926
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pet Partners of Altamonte Springs, 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:

Lance Sprinkle

(Name of Person)

(Firm/Company)

22 James Street #4

(Address)

Brookline, MA 02446

(City/State and Zip Code)

For further information concerning this matter, please call:

Lance Sprinkle

(Name of Person)

at (617) 734-2577

(Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Pet Partners of Altamonte Springs, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

266 East Altamonte Drive
Altamonte Springs, FL 32701

Mailing Address:

22 James Street #4
Brookline, MA 02446

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Lance Sprinkle
Name

12232 Little Road
Florida street address (P.O. Box NOT acceptable)

Hudson FLORIDA 34667
City, State, and 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 608, Florida Statutes..


Registered Agent's Signature

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FLORIDA

The name and address of each Manager or Managing Member is as follows:

"MGRM" = Managing Member

Fairfield, CT 06430

SIGNATURE: 

Lance Sprinkle

\$ 5.00 Certificate of Status (Optional)

SEALING OF STATE
TALLAHASSEE, FLORIDA



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