

LD4 000043412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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LD4-43412
OK



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 1, 2004

LISA POLLARD
1111 ST. JOHNS BLUFF ROAD N.
JACKSONVILLE, FL 32225

SUBJECT: ACTIONS - DOG TRAINING DAY & NIGHT CARE CENTER
Ref. Number: W04000021071

We have received your document for ACTIONS - DOG TRAINING DAY & NIGHT CARE CENTER and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 104A00037672

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Actions Dog TRAINING - Day & Night Care Center
(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:

LISA Pollard
(Name of Person)

Same as above
(Firm/Company)

1111 St. Johns Bluff Rd. N.
(Address)

Jacksonville Florida 32225
(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa Pollard at (904) 642-1782
(Name of Person) (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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Actions - Dog Training Day & Night Care Center L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

1111 St. Johns Bluff Rd. N.
Jacksonville Florida
32225

Mailing Address:

1111 St. Johns Bluff Rd. N.
Jacksonville Florida
32225

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

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

Lisa Pollard
Name

1111 St. Johns Bluff Rd. N.
Florida street address (P.O. Box **NOT** acceptable)

Jacksonville FLORIDA 32225
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..

Lisa Pollard
Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Robert B. Russell
1604 Stockton St.
Jacksonville Florida 32204

MGRM

Leslie Lloyd
7247 Hield Dr.
Jacksonville Florida 32211

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ROBERT B. RUSSELL
Typed or printed name of signer

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)