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(Requestor's Name)		
(Address)		
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(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
,		
Outline to the contract of the		
Certified Copies Certificates of Status		
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Special Instructions to Filing Officer:		
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Office Use Only



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SECRETATION STATE

FILED

COVER LETTER

Division of Corporations
SUBJECT: Opposing TRENDS 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:
DAle Mitchell (Name of Person)
Jupiter Avimal Hospital
<u>^</u>
426 W. Indiantown Rd (Address)
(Address)
Jupiter, F.L. 33458 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Dale Mitchell at (56) 746-888 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status \$\bigcup \\$ Certified Copy (additional copy is enclosed) \$\bigcup \\$ Certified Copy (additional copy is enclosed)
Mailing Address Street/Courier Address Registration Section Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

Mailing Address:

ARTICLE I - Name:

ARTICLE II - Address:

Principal Office Address:

The name of the Limited Liability Company is:

business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:
Tolo Milabil
Name
426 W. Indiantown Rd
Florida street address (P.O. Box NOT acceptable) Tup: ter FL 33458
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 <u>regi</u>stered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE III - Registered Agent, Registered Office, & 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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	Dale Mitchell 426 W. Indiantown Rd Jupiler PC 33458
	
 .	
(If an effective date is listed, the date must be s	ate of filing: 1/1/2006 (OPTIONAL) specific and cannot be more than five business days prior
to or 90 days after the date of filing.)	
	or an authorized representative of a member.
(In accordance with secti of this document constitu that the facts stated her	on 608.408(3), Florida Statutes, the execution ates an affirmation under the penalties of perjury reip are true.)

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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