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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
_
(Business Entity Name)
(Sacinoso Siniy Hairo)
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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COVER LETTER

Division of Corporations
SUBJECT: Affordable Pet Sitting, 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:
(Name of Person)
Affordable Pat Silting, ILC (Firm/Company)
1924 Casco 5-7 (Address)
(City/State and Zip Code)
(City/State and Zip Code) Code Cod
(Name of Person) at (863) 055-1343 R. (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigsquare \text{\$130.00 Filing Fee} & \bigsquare \text{\$155.00 Filing Fee} & \bigsquare \text{\$160.00 Filing Fee}, \\ Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address Street/Courier Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassec, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Affordable Ret Sittement with the words "Limited Liability Company, "Limited Liability Company," Limited Liability Company, "Limited Liability Company,"	Air Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
1924 Casco 57 Laxeland IFL 33801	1924 Casco ST Laxelano, FC 33801	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regional business entity with an active Florida registration.)		•
The name and the Florida street address of the	e registered agent are: 200 YS AUG 21 22	SECRETA
1934 Casc Florida street a		RY OF STA
Lakelako, City, State		F
Having been named as registered agent and to	o 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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
HGRH	Wendy Foulk 1924 Casco ST Lareland, FT 33801
(Use attachment if necessary)	
CLE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.)	he date of filing: (OPTIONA be specific and cannot be more than five business day
	r
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
PanCi	
Signature of a mem (In accordance with:	ber or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution astitutes an affirmation under the penalties of perjury

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)

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