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(Re	questor's Name)		
(Ad	dress)		
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(Cit	y/State/Zip/Phon	e #)	
PICK-UP	MAIT	MAIL	
(Business Entity Name)			
(Document Number)			
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COVER LETTER

TO: Registration Se Division of Co			
SUBJECT: Cat Box	x L.L.C.		
		d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	τ to the following:	
Cathryn Co			
	(Name of Person)	
Cat Box L.I	L.C.		
	(Firm/Company)	
2580 La C	ristal Circle		
		(Address)	
Palm Bea	ch Gardens, Florid	a 33410	700b SEC
	(City	/State and Zip Code)	AR SO
For further information	concerning this matter, please	call:	2006 NOV 13 P 4: 46 SECRETARY OF STATE SECRETARY OF STATE ALLAHASSEE, FLORID Number) Pelephone Number
Cathryn Comer		at (561) 622-252	1 65 5
	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for	or the following amount:		
☐ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	✓ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cat Box L.L.C.	
(Must end with the words "Limited Liability Company, "L	imited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2580 La Cristal Circle	2580 La Cristal Circle
	Palm Beach Gardens, Florida 33410
Palm Beach Gardens, Florida 33410	70 70
(The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of the Cathryn Comer	he registered agent are: He registered agent are: HE OF STATE OR OF STATE
Name P 5	
2580 La Cristal Circle	·
Florida street	t address (P.O. Box NOT acceptable)
Palm Beach Gardens,	FL 33410
City, Sta	ate, 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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
mgrm	Cathryn Comer
	2580 La Cristal Circle
	Palm Beach Gardens, Florida 33410
(Use attachment if necessary)	
A DODLOG DEL DOS COLOR DE LA C	For Boundary 5 2004
ARTICLE V: Effective date, if other than the date is listed, the date must be	ate of filing: November 5, 200 to COPTIONAL) specific and cannot be more than five business days prior
to or 90 days after the date of filing.)	ASS -
	SER SER SER
DECLUDED CLONATUDE.	
REQUIRED SIGNATURE:	D 4: 45 OF STATE FLORID
/	OF F
	→
Signature of a member	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 rein are true.)
Cathryn Comer	
	ed or printed name of signee

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)