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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
		4-171
	Office Use On	71118



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# **COVER LETTER**

TO: Registration Se Division of Co			
SUBJECT: AUNT	TE CAROL'S PET	SITTING LLC	
	(Name of Limite	d Liability Company)	
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
Carol S S	Slonemsky		
	(	Name of Person)	01
			APR .
	(	Firm/Company)	<b>*</b>
105 Saw	bill Palm Drive		OT APR 16 PH 12: 10 SECRETARISSEE. FLORIDA
		(Address)	2: 1
Ponte Ve	edra Beach, Flo	rida 32082	
		/State and Zip Code)	
For further information	concerning this matter, please	call:	
Carol S Slone	msky	at (904 ) 273 310	08
(Name	of Person)	(Area Code & Daytime To	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 Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RTI	U	T ·	Nα	maa
А	ки	 ıĸ.	I -	NЯ	me:

The name of the Limited Liability Company is:

### **AUNTIE CAROL'S PET SITTING LLC**

(Must end with the words "Limited Liability Company, "Limited 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 3:

Principal Office Address:	Mailing Address:	是
105 Sawbill Palm Drive	PO Box 1878	
Ponte Vedra Beach, Florida 32082	Ponte Vedra Beach, Florida 32004	
		- COMME 2: 10

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Judi Tricules	
Na	me
105 Sawbill Palm Dri	ve
Florida street	address (P.O. Box NOT acceptable)
Ponte Vedra Beach	FL 32082
City, Sta	te, 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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
"MGR"	Carol S Slonemsky 105 Sawbill Palm Drive Ponte Vedra Beach, Florida 32082
	O7 APR **
(Use attachment if necessary)	OT APR PH 12: 1  SECRETARY OF STATE OF
RTICLE V: Effective date, if other than the dat f an effective date is listed, the date must be spor 90 days after the date of filing.)	pecific and cannot be more than five business days prior
(In accordance with section	r an authorized representative of a member.  n 608.408(3), Florida Statutes, the execution es an affirmation under the ognalties of perjury in are true.
Carol S Slonemsky	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)