

LO1000058437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

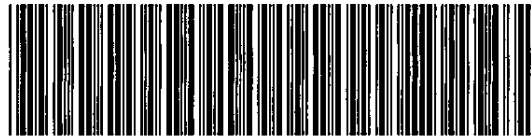
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07 JUN -4 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NRC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Petlover's Grooming Salon 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:

Rita M Barnes
(Name of Person)

Petlover's Grooming Salon, LLC
(Firm/Company)

953 Broadway
(Address)

DUNEDIN FL 34698
(City/State and Zip Code)

For further information concerning this matter, please call:

Rita Barnes at (727) 733-0428
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

Home 727-934-6795

p \$125.00 Filing Fee

p \$130.00 Filing Fee &
Certificate of Status

p \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

p \$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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 30, 2007

RITA A. BARNES
953 BROADWAY
DUNEDIN, FL 34698

SUBJECT: PETPOURRI GROOMING SALON LLC
Ref. Number: W07000025759

We have received your document for PETPOURRI GROOMING SALON LLC and check(s) totaling \$75.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$50.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

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) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 507A00037172

might fax - 6/14

Andy connection money

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PetPouree Grooming Salon LLC
(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "LC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

953 Broadway
DUNEDIN FL 34698

Same

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:

Rita M Barnes
Name
1507 Bayview St
Florida street address (P.O. Box NOT acceptable)
Jackson Springs FL 34689
City, State, and Zip

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TALLAHASSEE, FLORIDA

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..

Rita M Barnes
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Rita M Barnes
1507 BAYVIEW ST
TARPON SPRINGS FL 34689

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Rita M Barnes
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.)

RITA M. BARNES
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)