

LD8000020105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

W08-8801

Special Instructions to Filing Officer:

Deb Salver GAVE

AUTHORIZATION BY PHONE TO

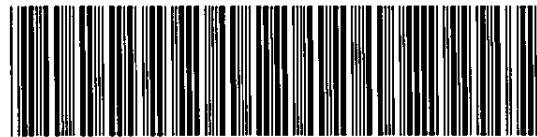
CORRECT #2

DATE 2/19/05

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Office Use Only

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 FEB 22 AM 12:00

B. Tadlock FEB 26 2008

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Spoiled Paw Resort, 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:

Deb Salyer

(Name of Person)

Spoiled Paw Resort , LLC

(Firm/Company)

6142 St Joe Ctr Unit 221 (mailing only)

(Address)

Fort Wayne, IN 46835

(City/State and Zip Code)

For further information concerning this matter, please call:

Deb Salyer

(Name of Person)

at (**260**) **437-3402**

(Area Code & Daytime Telephone Number)

Enclosed is a check for 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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 19, 2008

DEB SALYER
SPOILED PAW RESORT, LLC
6142 ST. JOE CTR., UNIT 221
FT. WAYNE, IN 46835

SUBJECT: SPOILED PAW RESORT, LLC
Ref. Number: W08000008801

We have received your document for SPOILED PAW RESORT, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6911.

Brenda Tadlock
Senior Section Administrator

Letter Number: 008A00010558

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Spoiled Paw Resort, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

2404 Lakeshore Dr.
NOKOMIS, FL
34275

Mailing Address:

6142 St Joe Center, Unit 221
Fort Wayne, IN 46835

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:

Deb Salyer

Name

2404 Lakeshore Drive

Florida street address (P.O. Box **NOT** acceptable)

Nokomis FL 34275

FL

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 registered agent as provided for in Chapter 608, F.S.



Registered Agent's Signature (REQUIRED)

08 FEB 22 AM 12:00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

(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:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

Deb Salyer

MGRM

Rick Salyer

MGR

(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:



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.)

Deb Salyer

Typed 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)