L08000096456

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
- cpcolar monactions to 1 ming critical.

Office Use Only



100136725391

10/10/08--01019--007 **130.00

SECRETARY OF STATE

COVER LETTER

TO: Registration Se Division of Cor		•	
SUBJECT: PUCC	ect Pet Sit	ting by Tracy Liability Corúpany)	LLC
The enclosed Articles of	Organization and fee(s) are su	abmitted for filing.	
Please return all correspo	ndence concerning this matter	r to the following:	
	TRAC	Y CAIN Namd of Person)	
Purc	^ ~	1 1 1	acy, LLC
	13482 B	Runi DRIVE	
<u> S</u>	pring H:	State and Zip Code)	4609
For further information c	oncerning this matter, please of	call:	
Tracy	Cain of Person)	at (<u>352</u>) <u>397</u> · (Area Code & Daytime Tele	rhone Number)
Enclosed is a check for	the following amount:	•	
\$125.00 Filing Fee [Y\$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 C	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:

Purrfect Pet Sitting by Tracy 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:	Mailing Address:		
13482 Rruni Dr.	13482 Bruni Dr		
Socios Hill FL	SOCIAS HILLIFL		
34409	34669		

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:	TAL	O.	
TRACY CAIN	ECRE AH	8 OCT	
Name	TARY IASSE	<u> </u>	Chartes
Florida street address (P.O. Box NOT acceptable)	<u>т</u>	3	
Spring Hill FL 34609 City, State, and Zip	STATE	1:53	

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

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (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.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

The name and address of each Manager or Managing Member is as follows:

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)