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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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05/29/09--01021--016 **160.00

2009 MAY 29 AM 10: 56

C. LEWIS

JUN 1 2009

EXAMINER

COVÊR LETTER

TO:	Registration Section Division of Corporations	
SUBJI	ECT:	Little Fox Nursery
	Name of I	imited Liability Company
The en	closed Articles of Organization and fee(s)	are submitted for filing.
Please	return all correspondence concerning this	matter to the following:
		Jennifer Fox
		Name of Person
		Little Fox Nursery
		Firm/Company
	127	14 Dallington Terrace
		Address
	Wir	nter Garden, FL 34787
		City/State and Zip Code
-	F-mail address: Ito be u	nnfox21@yahoo.com sed for future annual report notification)
For fur	ther information concerning this matter, p	
	Matthew Fox	at (407) 770-7329
	Name of Person	Area Code & Daytime Telephone Number
Enclos	ed is a check for the following amoun	t:
] \$125.	00 Filing Fee \$130.00 Filing Fee Certificate of Status	
	Mailing Address Registration Section	Street/Courier Address Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nai The name of the L	me: imited Liability Compa	ny is:	
(M	Little Fox N	Nursery, LLC. d Liability Company," "L.L.C.," or "LLC.	<u>")</u>
ARTICLE II - Ad	ldress:	the principal office of the Limit	
Principal Office A	Address:	Mailing Address:	
12714 Dallington Winter Garden, F		12714 Dallington Terr Winter Garden, FL 34	
(The Limited Liability Co	egistered Agent, Regis ompany cannot serve as its own active Florida registration.)	stered Office, & Registered Ag n Registered Agent. You must designate an	gent's Signature: n individual or another
The name and the l		f the registered agent are:	ZOBS MAY SECRET TALLAH
		nnifer Fox Name	ART A
	12714 Da	allington Terrace	Z9 ARY SSF
	Florida street address	s (P.O. Box <u>NOT</u> acceptable)	AM D: 56 OF STATE
	Winter Garden		ORIT S
	City, S	State, and Zip	DEL 6
liability compa registered agent an statutes relating i	ny at the place designate nd agree to act in this ca to the proper and compl	nd to accept service of process fo ed in this certificate, I hereby acc spacity. I further agree to comply ete performance of my duties, an s registered agent as provided for	ept the appointment as y with the provisions of all d I am familiar with and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

	Page 1 of 2
ARTICLE IV-	Page 1 of 2 Ianager(s) or Managing Member(s): Iress of each Manager or Managing Member is as follows: Name and Address: Page 1 of 2 2009 MAY 29 Name and Address:
The name and ac	Iress of each Manager or Managing Member is as follows: CRET
(T): 43	AHASSYO
<u> </u>	Name and Address: $^{\circ \xi \xi}$
"MGR" = Manaş "MGRM" = Mar	IT Isrina Mamban
MGKM - Mai	iging Member
MGR	Jennifer Fox
	12714 Dallington Terrace
	Winter Garden, FL 34787
MGRM	Brenda Angstrom
	808 Duff Drive
	Winter Garden, FL 34787
MGRM	Matthew Fox
	12714 Dallington Terrace
	Winter Garden, FL 34787
(Use attachment	`necessary)
	ate, if other than the date of filing: (OPTIONA ed, the date must be specific and cannot be more than five business day
days after the da	
<u>REQUIRED</u> SIG	NATURE:
	7.61
	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.)
	that the facts stated herein are true.)
	Jennifer Fox
Filing Fees:	·

Page 2 of 2

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)