

L10000024883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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10 MAR - 4 AM 10:36

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

B. KOHR

MAR - 5 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mommy Jogger
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:

Amanda Phillips
Name of Person

Firm/Company

882 Misty Oak
Address

Orange Park FL 32065
City/State and Zip Code

mommyjogger@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amanda Phillips at 904 505-79166
Name of Person 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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mommy Jogger 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:

882 Misty Oak
Orange Park FL
32065

Mailing Address:

882 Misty Oak
Orange Park FL
32065

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:

Amanda Phillips

Name

882 Misty Oak

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

Orange Park FL 32065

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..

Amanda Phillips

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

Amanda Phillips
882 Misty Oak
Orange Park FL 32065

MGR

Amanda Driscoll
1318 Featherwood Dr
Murphy TX 75094

(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:

Amanda Phillips

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.)

Amanda B Phillips

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)