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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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D. BRUCE

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**EXAMINER** 

## **COVER LETTER**

TO:	Registration S Division of Co								
SUBJI	ECT: Pawsitiv	ve Imprints, LLC Name of Limit	tad Liabilit	h. Compa	nu	·	****		
		Name of Limit	LEG LIBBIN	iy Compa	пу				
The en	closed Articles of	of Organization and fee(s) are	submitted	for filing	•				
Please	return all corres	pondence concerning this mat	ter to the f	ollowing	:				
	Rhonda L Du	ınlap						<del></del>	
			Name of I	erson					
	Pawsitive Imp	prints, LLC							
			Firm/Con	npany					
	5173 CR 125						Ž.	<del>- =</del>	
			Addre	SS				<b>≥</b>	-
	Wildwood, FL	. 34785					ZX.	<b>≯</b> 5	
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	rhondaduniap						1, 00 1, 00 1, 00	3	
-		E-mail address: (to be used	for future au	nnual repo	rt notification	n)	STAT	Ö	₹
For fur	ther information	concerning this matter, pleas	e call:				DA A	မျ မျ	
Rhone	da Dunlap		at ( 352	,	461-319	99			
<del></del>	Name	of Person			& Daytime 7	Felephone Numb	er		
Enclos	ed is a check for	or the following amount:							
<b>□\$</b> 125.	00 Filing Fee	△\$130.00 Filing Fee & Certificate of Status	Certi	00 Filing fied Cop ional copy	-	Certified	te of Statu	s &	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	1 1 ( 2	Registration of Clifton Bud 12661 Execution 1	urier Addron Section of Corporational Section of Corporational Section	ions er Circle			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

(Must end with the wo	"Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street ac	ess of the principal office of the Limited Liability Company i	s:
Principal Office Address:	Mailing Address:	
5173 CR 125	5173 CR 125	
Wildwood, FL 34785	Wildwood, FL 34785	
(The Limited Liability Company cannot ser	s its own Registered Agent. You must designate an individual or another ion.) ress of the registered agent are:	2
(The Limited Liability Company cannot ser business entity with an active Florida regis  The name and the Florida street a	s its own Registered Agent. You must designate an individual or another ion.)  ress of the registered agent are:	
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(The Limited Liability Company cannot ser business entity with an active Florida regis  The name and the Florida street a  Rhonda L Du	s its own Registered Agent. You must designate an individual or another ion.)  ress of the registered agent are:	2

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)

(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: Name and Address: "MGR" = Manager "MGRM" = Managing Member **MGR** Rhonda L Dunlap 5173 CR 125 Wildwood, FL 34785 (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.

Filing Fees:

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

Rhonda L Dunlap

that the facts stated herein are true.)

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjurbation.

Typed or printed name of signee