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Certified Copies	_ Certificates	of Status
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Office Use Only



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05/24/10--01059--017 **130.00

Effective Date 05/19/10

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T. HAMPTON

MAY 25 2010

EXAMINER

COVER LETTER

TO:	Registration S Division of Co			
SUBJI	ccr. Calypso	Kennels, LLC		
50261			ed Liability Company	
The en	closed Articles o	f Organization and fee(s) are	submitted for filing.	
Please	return all corresp	oondence concerning this mat	ter to the following:	
	Janice M. Gra	anda		
			Name of Person	
	Calypso Kenr	nels, LLC		
			Firm/Company	
	830 SE Carni	val Avenue		
			Address	
	Port St Lucie,	FI 34983		
			y/State and Zip Code	
	janicegranda@		or future annual report notification)	•
For fur	ther information	concerning this matter, please	•	
Janice	e M. Granda		at (352) 283-0979	
	Name	of Person	Area Code & Daytime Telephone Nur	nber
Enclos	sed is a check fo	or the following amount:		
⊒ \$125.	00 Filing Fee	■\$130.00 Filing Fee & Certificate of Status	Certified Copy Certifie (additional copy is enclosed) Certifie	O Filing Fee, cate of Status & ed Copy nal 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	

Effective Date 05/19/10

ARTICLE I - Name:	
The name of the Limited Liability Company	is:
Calypso Kennels, LLC	
(Must end with the words "Limited Lia	ability Company, "L.L.C.," or "LLC.")
ADTICLE II. Address.	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
the maning address and basel address of the	principal office of the Similes Statistics Company to
Principal Office Address:	Mailing Address:
830 SE Carnival Avenue	830 SE Camival Avenue
Port St Lucie, Florida 34983	Port St Lucle, Florida 34983
	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another e registered agent are:
Janice M. Granda	
Nan	ne
830 SE Carnival Avenu	e
Florida street a	address (P.O. Box <u>NOT</u> acceptable)
Port St Lucie	FL 34983
City,	State, and Zip
Having hear named as registered agent and t	a accent semiles of process for the above stated limited

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)

(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:	fanagar	Name and Address:
"MGR" = N	nanager Managing Member	
MORWI	wanaging wember	
MGR		Janice M. Granda
		830 SE Carnival Avenue
		Port St Lucie, Florida 34983
-	 	
		
	<u></u>	
		····
(Use attachr	nent if necessary)	
O 12 37. 1200.	ant a dia a transfer at a lateral and a late	1. CCI: May 10, 2010 (OPTIONAL)
		e date of filing: May 19, 2010 (OPTIONAL
	he date of filing.)	be specific and cannot be more than five business days
uays aitei t	ne date of iming.	
REQUIRE	<u>D</u> SIGNATURE:	
		^
		1M de 2000
	Jouece	Molanda
	Signature of a member	er or an authorized representative of a member.
	(In accordance with se	er or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury

Filing Fees:

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

Janice M. Granda

\$ 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)

Typed or printed name of signee