## L10000115404

(Req	uestor's Name)	
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(Oily)	Otato/Zip/i non	<i>-                                    </i>
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	

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FFECTIVEDATE

SECRETARY OF STATION OF CORPORATION

## **COVER LETTER**

		alpha.	
	egistration Section ivision of Corporations		
SUBJECT		np For Kids Ll ited Liability Company	<u>.C.</u>
The enclose	ed Articles of Organization and fee(s) are	submitted for filing.	
Please retui	rn all correspondence concerning this ma	tter to the following:	
	1	1	
<del></del>	Laurie	Vacchiano Name of Person	
	Ms. Fits' Can	For Kids Ll	<u>.</u> C.
1	801 S.US. Hwy	1 unit 1c	
<u></u>	Jupiter, FL	33477 ity/State and Zip, Code	
	vacc010 be	lor future annual report notification)	<del></del>
For further	information concerning this matter, pleas	se call:	
Lau	Name of Person	at ( 56 ) 307-976  Area Code & Daytime Telephor	DE Number
Enclosed i	s a check for the following amount:		
<b>▼</b> \$125.00 Fil		Certified Copy (additional copy is enclosed)	160.00 Filing Fee, ertificate of Status & ertified Copy dditional 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	е

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Tits Camp For Kids LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:	
1801 S. US Hwy Lunit K Jupiter, FL 33477	1801 S. US Hwy 1 Jupiter, FL 3347	und IC
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Region business entity with an active Florida registration.)	d Office, & Registered Agent's S stered Agent. You must designate an individu	ignature: al or another
The name and the Florida street address of the	registered agent are:	. 9
Laurie Va	acchiano	ISION OF -4
Name		
1801 S.U.S. H	wt. I unit 10	
Florida street ad	ldress (P.O. Box NOT acceptable)	<b>₹</b> 8.
director	FI 33477	<b>ଟ</b> 🛞
City, S	tate, and Zip	AH 10: 05
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p accept the obligations of myposition as reg	this certificate, I hereby accept the ty. I further agree to comply with the erformance of my duties, and I am t	appointment as he provisions of al familiar with and

Page 1 of 2

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Laurie Vacchian = 1901 S. U.S. Huy I unit 1-C Jupikr, FL 33477
(Use ottenharman i Carraya	
(Use attachment if necessary)  LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)	date of filing: Jan. 1st 201. (OPTIONAL e specific and cannot be more than five business days
REQUIRED SIGNATURE:	r or an authorized representative of a member.

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)