# L11000010110

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:

Office Use Only

B. KOHR
JAN 2 5 2011
EXAMINER



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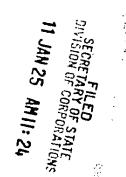
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DIVISION OF CORPORATIONS
TALL ASSSEE, FLORIDA

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B. KOHR
JAN 2 5 2011
EXAMINER



## **COVER LETTER**

TO: Registration Section
Division of Corporations

# SUBJECT: LITTLE FRIENDS PET LODGE LLC

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:

LASHELLE KEEL		
	Name of Person	
	Firm/Company	•
58 SIOUX CIRCLE		
	Address	
HAVANA, FL 32333		
С	ity/State and Zip Code	
E mail addrace: (to be used	for future annual report notification)	
e-man address. (to be used	tor future annual report nourication)	
For further information concerning this matter, please	se call:	
LASHELLE KEEL	_ <sub>at (</sub> 850 539-517	71
Name of Person	Area Code & Daytime Tel	lephone Number
Enclosed is a check for the following amount:  \$125.00 Filing Fee \$\sum \text{S130.00 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**

**||**\$1

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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

# LITTLE FRIENDS PET LODGE 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:

Mailing Address:
43 N CLEVELAND ST
QUINCY, FL 32351

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:

LASHELI	LE KEEL
	Name
58 SIO	UX CIRCLE
	Florida street address (P.O. Box NOT acceptable)
HAVANA	<sub>FL</sub> 32333
	City 64-4 1 7:

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	ANGELA GEARY
	43 N CLEVELAND ST
	QUINCY, FL 32351
MGRM	JENNY VICKERY
	43 N CLEVELAND ST
·	QUINCY, FL 32351
· · · · · · · · · · · · · · · · · · ·	
	we can determine the control of the
(Use attachment if necessary)	
(Ose attachment if necessary)	
CLE V: Effective date if other than	the date of filing: (OPTIONAL
effective date is listed, the date mu	st be specific and cannot be more than five business days
0 days after the date of filing.)	se be specific and cultion be more than 1170 business any
o any areas and and ar ming,	
<b>REQUIRED SIGNATURE:</b>	
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Signature of a me	mber 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

## LASHELLE KEEL

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)