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AND ANASSEE, FLORIDA

EXAMINER FEB 4 2011

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Sitty Petc. LLC.	
	ed Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this matt	er to the following:
Elizabeth Ann Falls	
	Name of Person
Sitty Petc. LLC.	
	Firm/Company
249 48th Street West	
	Address
Bradenton, Florida 34209	
	y/State and Zip Code
sittypetc@gmail.com	- Annual Lord of God on
	or future annual report notification)
For further information concerning this matter, please	e call:
Elizabeth Ann Falls	at (941) 447-2284
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\int \\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ty Company, "L.L.C.," or "LLC.")
ncipal office of the Limited Liability Company is
merpar office of the Elithica Elability Company is
Mailing Address:
Sitty Petc. LLC.
249 48th Street West
Bradenton, Florida 34209
Office, & Registered Agent's Signature:
ered Agent. You must designate an individual or another
wintened again and
egistered agent are:
egistered agent are:
Fig. 2
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/est ress (P.O. Box NOT acceptable)
ress (P.O. Box NOT acceptable)
្នា 34209

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..

City, State, and Zip

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:

"MGR" = Manager	
"MGRM" = Managing Member	
MGR	Elizabeth Ann Falls
	249 48th Street West
	Bradenton, Florida 34209
(Use attachment if necessary)	
LE V: Effective date, if other than	the date of filing: (OPTION
fective date is listed, the date mus days after the date of filing.)	t be specific and cannot be more than five business day
days after the date of hing.	
REQUIRED SIGNATURE:	M M- NO
// // / / / / / / / / / / / / / / / /	

(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.)

Elizabeth Ann Falls

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)