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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

B. BOSTICK
MAR - 3 2011
EXAMINER

## **COVER LETTER**

TO: Registration S Division of Co				
SUBJECT: Cris S	Stevens Dog Tra	ining, LLC		
	Name of Limited	Liability Company		
The enclosed Articles of	f Organization and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
Cris Stev	vens			
<del></del>		ime of Person		
Cris Ste	vens Dog Trainir	ng		
-		rm/Company		
10920 E	Dean Street			
		Address		
Bonita Sprir	ngs, FL 34135			
<del></del>		tate and Zip Code		
crisstevens	@gmail.com		A A	***
	E-mail address: (to be used for t	uture annual report notification)	R -2	
For further information	concerning this matter, please ca	11:	19 <del>19</del> 19 19	The state of the state of
cris stevens	2	608-411	2 PM 2: 28 ephone Number IDA	
Name	of Person	Area Code & Daytime Tele	ephone Number 5 28	
Enclosed is a check for	or the following amount:	•	42.	
_		70155 00 EU F . 0 . F	Terco oo Eur	
\$125.00 riling Fee	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 Registration Section	Street/Courier Address Registration Section		
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division of Corporation Clifton Building 2661 Executive Center (		

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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A	KII	t . 1	ır.		KF	me:

The name of the Limited Liability Company is:

# Cris Stevens Dog Training 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:

Principal Office Address:	Mailing Address:		
Cris Stevens Dog Training LLC 10920 Dean Street	Cris Stevens Dog Training LLC	<u></u>	
Bonita Springs, FL 34135	Bonita Springs, FL 34135		
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Regions) business entity with an active Florida registration.)  The name and the Florida street address of the Cris Stevens	gistered Agent. You must designate an individuat	MAR -2	or Value
Nan	me ·		i i i i i i i i i i i i i i i i i i i
10920 Dean S	Street  address (P.O. Box NOT acceptable)	2:2 STAT	Comment of the Control of the Contro
Florida street a	address (P.O. Box NOT acceptable)	ги со	
Bonita Springs	<sub>FL</sub> 34135		
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 Agen'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:

Manager	Cris Stevens 10920 Dean Street	
	Bonita Springs, FL 34135	
<del></del>		
		I MAR
		-2 PH
<del></del>	E CORTE	1 2: 28
(Use attachment if necessary)		
LE V: Effective date, if other than the	ne date of filing: (OPTIO)	NAL)

**REQUIRED SIGNATURE:** 

Signature of a member of 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.)

Cristopher J. Stevens

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)