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K. SALY EXAMINER MAR 7 2011

# **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations
SUBJECT: PAMPERED PALMS, 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:
KENNETH G. SPANGLER
Name of Person
PAMPERED PALMS
Firm/Company
12370 EAGLES NEST DRIVE
Address
BOKEELIA, FL 33922
City/State and Zip Code
KENNYGSPANGLER65@GMAIL.COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kenneth G. Spangler at (239 ) 850-8050
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Co	mpany is:
PAMPERED PALMS, L	LC
(Must end with the words "L	.imited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address	ss of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
12370 Eagles Nest Drive Bokeelia, FL 33922	12370 Eagles Nest Drive Bokeelia, FL 33922
	Registered Office, & Registered Agent's Signature: its own Registered Agent. You must designate an individual or another in.)
The name and the Florida street addre	ess of the registered agent are:

Kenneth G. Spangler

Name

12370 Eagles Nest Drive

Florida street address (P.O. Box NOT acceptable)

Bokeelia

. 33922

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:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Kenneth G. Spangler
	12370 Eagles Nest Drive
	Bokeelia, FL 33922
MGRM	
101017101	Laurie S. Spangler
	12370 Eagles Nest Drive
	Bokeelia, FL 33922
trans a management of the contract of the cont	
(Use attachment if necessary)	
CLE V: Effective date, if other than effective date is listed, the date mu 0 days after the date of filing.)  REQUIRED SIGNATURE:	ust be specific and cannot be more than five business days
CLE V: Effective date, if other than effective date is listed, the date mu 0 days after the date of filing.)  REQUIRED SIGNATURE:	n the date of filing: (OPTIONAL ust be specific and cannot be more than five business days
CLE V: Effective date, if other than effective date is listed, the date mu 0 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a mu  (In accordance with section constitutes an affirmation I am aware that any false	tember or an authorized representative of a member.  on 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
CLE V: Effective date, if other than effective date is listed, the date mu 0 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a mu  (In accordance with section constitutes an affirmation I am aware that any false	on 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State

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)



ADAM H PUTNAM COMMISSIONER Florida Department of Agriculture and Consumer Services

### CERTIFICATE OF NURSERY REGISTRATION

Section 581.131, F.S. and Rule 5B-2.002, F.A.C

1911 S.W. 34th St. P.O. Box 147100, Gainesville, FL 32614-7100 (352) 372-3505

ISSUED TO:

PAMPERED PALMS
SPANGLER, KEN & LAURIE
12370 EAGLES NEST DR
BOKERLIA, FL 33922

THIS CERTIFICATE EXPIRES: 04/28/2012

FER PAID:

\$92.00

REGISTRATION NO.: 47237112

DATE ISSUED: 02/18/2011

THIS IS TO CERTIFY that the nursery stock on the premises of the nursery shown hereon has been inspected for plant pests and meets at least the minimum requirements of Section 581.131, Florida Statutes.

THIS CERTIFICATE OF REGISTRATION MUST BE DISPLAYED or in the immediate possession of any person engaged in the sale or distribution of nursery stock.

ADAM H PUTNAM

Commissioner of Agriculture

DACS-08002 Revised 05/05