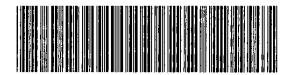
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SECRETARY OF STATE

D. BRUCE

MAR 17 2011

**EXAMINER** 

EFFECTIVE DATE 03/01/11



### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 4, 2011

BRITTANY L MANNO 9802-12 BAYMEADOWS RD #101 JACKSONVILLE, FL 32256

SUBJECT: FIRST COAST BEAGLE RESCUE LLC

Ref. Number: W11000012633

We have received your document for FIRST COAST BEAGLE RESCUE LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes prohibits a Florida non-profit corporation from being a party in a conversion. A Florida non-profit corporation may be a party in a merger; however, the Florida non-profit corporation must be the surviving entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 911A00005446

11 MAR -3 PM 4: 10

To whom it may concern,

I Brittany L Manno, as the owner of non-profit, First Coast Beagle Rescue INC, which to dissolve the incorporation and re-file the entity under non-profit First Coast Beagle Rescue LLC.

Thank You

Britrany L Manno

First Coast Beagle Rescue

9802-12 Baymeadows Rd

Suite #101

Jacksonville, FL 32256

FILED
11 MAR -3 PM 4: 10

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJI	First Coast Beagle Rescue LLC	
	Name of Limited Liability Company	
The en	nclosed Articles of Organization and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Brittany L Manno	
	Name of Porson	
	Florida First Coast Beagle Rescue LLC	
	Firm/Company	
	9802-12 Baymeadows Rd #101	
	. Address	
,	Jacksonville, FL 32256	
	City/State and Zip Code	
,	floridafirstcoastbeaglerescue@gmail.com  E-mail address: (to be used for future annual report notification)	
tar fu	rther information concerning this matter, please call:	
roi iui	rules intormation concerning this matter, prease can:	
Britta	any Manno at (904 ) 588-4267	
	Name of Person Area Code & Daytime Telephone Number	
Enclos	sed is a check for the following amount:	
<b>]\$</b> 125.00	0 Filing Fee  \$\int \\$130,00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)    Certificate of Status & Certified Copy (additional copy is enclosed)   Certified Copy (additional co	רוב
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street/Courier Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Clifton Building Tallahassee, FL 32301  AND THE TAIL TAIL THE TAIL T	ILED

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RTI	CI	Æ.	T_	N	a m	۵.
n	K I I	L	Æ.	I -	13	um	e:

The name of the Limited Liability Company is:

# First Coast Beagle Rescue 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:
9802-12 Baymeadows Rd	9802-12 Baymeadows Rd
#101	#101
Jacksonville, FL 32256	Jacksonville, FL 32256

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:

Brittany L Manno

# 9802-12 Baymeadows Rd #101

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

Jacksonville, FL 32256 <sub>FL</sub>
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.

(CONTINUED)

Page 1 of 2

FFFECTIVE PRATE 03/61/11

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Mem	iber
MGR	Brittany I. Manno
	9802-12 Baymeadows Rd
	Jacksonville, FL 32256
MGRM	Michael Manno
	9802-12 Baymeadows Rd
	Jacksonyille, Ft. 32256
MGRM	Whitney L Wisner
	9802-12 Baymeadows Rd
	Jacksonville, FL 32256
MGRM	Kathleen Wisner
	9802-12 Baymeadows Rd
	Jacksonville, FL 32256
	r than the date of filing: 3/01/2011 (OPTIONAL) e must be specific and cannot be more than five business days prior
TLE V: Effective date, if othe ffective date is listed, the date	r than the date of filing: 3/01/2011 (OPTIONAL) e must be specific and cannot be more than five business days prior )
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