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11 JUL 20 AN 1: 45

SECRETARY OF STATE
ANASSEE FINANTAL

WII-38273

J. BRYAN

AUG -2 2011

**EXAMINER** 

# **COVER LETTER**

TO:	Registration Section Division of Corporations	• ,
SUBJE	CT: THE JAGUAR DOCTOR  Name of Limited Liability Company	<del></del>
The en	closed Articles of Organization and fee(s) are submitted for filing.	
Please	eturn all correspondence concerning this matter to the following:	
	ANDREW ATKINSON Name of Person	
		声 二
	Firm/Company	一部2
	2205 OSPREY AVE.	SSE O
	Audiess	FRAN
, , -	ORLANDO FLORIDA 32814  City/State and Zip Code  and yetkinson @ hotmail. com  E-mail address: (to be used for future annual report notification)	
For fur	her information concerning this matter, please call:	
A	NDREW ATKINSON at (407) 257 6145  Name of Person Area Code & Daytime Telephone Nu	mber
Enclos	ed is a check for the following amount:	
\$125.00	Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificate of Status	00 Filing Fee, icate of Status & ied Copy onal copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	

Tallahassee, FL 32301



# FLORIDA DEPARTMENT OF STATE Division of Corporations

July 21, 2011

ANDREW ATKINSON 2205 OSPREY AVE. ORLANDO, FL 32814

SUBJECT: THE JAGUAR DOCTOR LLC

Ref. Number: W11000038273



We have received your document for THE JAGUAR DOCTOR LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is #V44109, THE JAGUAR DOCTOR, INC..

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) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 911A00017281

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

,				
ARTICLE I - Name:				
The name of the Limited Liability Company is:				
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T T. A	\$2 E O			
THE JAGUAR D				
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address:				
	insinglaffing of the Limited Liebility Commeny is:			
The maining address and street address of the pr	incipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
2205 DSPREY AVE	2205 Osprey Ave.			
ORLANDO FL 32814	ORLANDO - FL 32814			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	ered Agent. You must designate an individual or another  Effective Date 07/18/1/			
The name and the Florida street address of the n	egistered agent are:			
MARGARET ATU	, also al			
Name				
rualio				
2205 Osprey A	IVE			
Florida street address (P.O. Box NOT acceptable)				
OPLANDO	FL 32814			
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 "MGRM" = Managing Member	Name and Address:
MGR	ANDREW ATKINSON 2205 OSPREY AVE. ORLANDO. FL 32814
	THE SECOND TO SE
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing: $07/12/2011$ . (OPTIONAL) especific and cannot be more than five business days prior
DECHIDED CICHATUDE.	

**REQUIRED SIGNATURE:** 

Signature of a member 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.)

ANDREW ATKINSON.
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)