

L12W0049549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

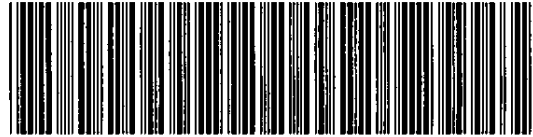
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

B. KOHR
APR 12 2012
EXAMINER



300227833903

04/09/12--01038--024 **130.00

EFFECTIVE DATE

4/1/2012

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR -9 PM 1:43

Christine Spalding
c/o Christini's Pet Sitting, LLC
PO Box 1282
Orlando, FL 32802-1282

April 5, 2012

Florida Department of State
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

EFFECTIVE DATE 4/1/2012

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
12 APR -9 PM 1:43

To Whom it May Concern:

Enclosed you will find my request form for a Florida Limited Liability Company. All of the required Articles of Organization are enclosed, along with a check for \$130.00.

My daytime phone number is 561-889-8591. Thank you for your time.

Sincerely,

Christine Spalding

Christine Spalding
Owner

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Christini's Pet Sitting, LLC
Name of Limited Liability Company

EFFECTIVE DATE 4/1/2012

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR -9 PM 1:43

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christine Spalding

Name of Person

Christini's Pet Sitting, LLC

Firm/Company

PO Box 1282

Address

Orlando, FL 32802-1282

City/State and Zip Code

chrisspald2002@netzero.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christine Spalding

Name of Person

at (561) 889-8591

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 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
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

EFFECTIVE DATE 4/17/2012

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Christini's Pet Sitting, 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:

105 W UNDERWOOD STREET

ORLANDO, FL 32806

Mailing Address:

PO Box 1282

Orlando, FL 32802

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:

Christine Spalding

Name

105 W Underwood St

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

Orlando

FL

32806

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..

Christine Spalding

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR -9 PM 1:43

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

Christine Spalding

105 W Underwood St

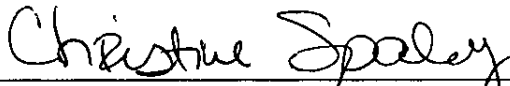
Orlando, FL 32806

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: April 1, 2012. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Christine Spalding

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)