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COVER LETTER

TO:	Registration S Division of Co			
SUBJI	PATTY	PET		·
,50001		Name of Limit	ed Liability Company	•
The en	closed Articles o	f Organization and fee(s) are	submitted for filing.	
Please	return all corresp	oondence concerning this matt	er to the following:	
	Sylvia Jones	S .		•
			Name of Person	······································
	PATTY PET			•
		***	Firm/Company .	
	11601 4th s	treet North App. 5103		
			Address	· · · · · · · · · · · · · · · · · · ·
	St. Petersbu	ırg Florida 33716		
		Cit	y/State and Zip Code	
_	pattypettrain	ing@gmail.com		
•		E-mail address: (to be used to	or future annual report notification)	
For fur	ther information	concerning this matter, please	call:	•
Sylvi	a Jones		727 466 8973	
	Name	of Person	Area Code & Daytime Telep	hone Number
Engler	and in a about 6	on the fallentine emerge.		₩ ~ 1
	00 Filing Fee	or the following amount: \$\textstyle{1}\$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 Cosym (additional coff) 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 Courier Address	STATE

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADDICUTE	•
ARTICLE I - Name: The name of the Limited Liability Company is:	
The hame of the Elimited Liability Company is.	
Patty Pet LLC. (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	
(Musi 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:	
11601 4th street North App.5103 11601 4th street North	Ann 5103
St. Petersburg Florida 33716 St. Petersburg Florida 33716 St. Petersburg Florida 33716	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an inclusion business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
The hame and the Florida street address of the registered agent are.	
Sylvia Jones	•
, Name	
11601 4th street North App. 5103	
Florida street address (P.O. Box <u>NOT</u> acceptable)	
St. Petersburg Florida 33716	
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 accep	
registered agent and agree to act in this capacity. I further agree to comply	• •
all statutes relating to the proper and complete performance of my duties, a	
and accept the obligations of my position as registered agent as provided fo	r in Chapter 608, F.S
A // G/le	
Registered Agent's Signature (REQUIRED)	2 . 6 .
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	AR A
(CONTINUED)	ASS.
Page 1 of 2	SEE.

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

"MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	Frances Ingram 1102 NW 35th Ave Gainesville FL 32609	
		٠
-		
(Use attachment if necessary)	· Aug. of City · · · · · · · · · · · · · · · · · · ·	т \
CLE V: Effective date, if other than the effective date is listed, the date mus	e date of filing: (OPTIONA at be specific and cannot be more than five busines	AL) SS (
CLE V: Effective date, if other than the effective date is listed, the date mus	e date of filing: (OPTIONA it be specific and cannot be more than five business	ıL) ss (
CLE V: Effective date, if other than the effective date is listed, the date mus to or 90 days after the date of filing.) REQUIRED SIGNATURE:	e date of filing: (OPTIONA it be specific and cannot be more than five business er or an authorized representative of a member.	ıL) ss (
CLE V: Effective date, if other than the effective date is listed, the date must to or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a mem	er or an authorized representative of a member. 8.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State	SS (
CLE V: Effective date, if other than the effective date is listed, the date must to or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a memby (In accordance with section 60% constitutes an affirmation under I am aware that any false inform constitutes a third degree felon Frances Ingram	er or an authorized representative of a member. 8.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State	SS
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