## L13000077589

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of	Status
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D. BRUCL

## **COVER LETTER**

TO:	Registration Division of C			
SUBJE	ct: FETC	H PET PRODUCTS		
		Name of Limi	ited Liability Company	
The end	losed Articles	of Organization and fee(s) are	submitted for filing.	
Please r	eturn all corres	pondence concerning this mat	tter to the following:	
	CL	IFTON JENNEY		
			Name of Person	
-	Fer	ch per froduct	s lic.	orden kapita di Britannini di Marian Salah Barraga papagan kadi
			Firm Company	
_	10,0	DBD BATES AN		
			Address	
_	a	seris , Florida	32736	2013 HAY 28
		_		
_		CLIF @ FETCH PET PI	for future annual report notification)	7 2
		E-mail address; (to be used	for future attitual report notification)	F17.
For furti	her information	concerning this matter, pleas	e call:	PH 1: 44
	165001	JENNE!	at ( 352 ) 357 3328  Area Code & Daytime Telephone Number	
	Name	of Person		r
			CELL# 585 766 4529	
Enclose	ed is a check f	or the following amount:		
<b>□S</b> 125.0	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	e of Status &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Conrier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	マルクシーショム with the words "Limited	Liability Company. "L.L.C" or "LLC.")	<del></del>
ARTICLE II - Addr			
The mailing address a	und street address of the	ne principal office of the Limited L	iability Company is:
Principal Office Add	dress:	Mailing Address:	
19030 BANGS		19030 BATES AVE Existic, Fuelda 32736	
EUSTIS, FLOAT	4 <i>d</i> :	EXTIS, FLORICA	
327	36	527 <b>3</b> lo	
•	ve Florida registration.) orida street address of t	Registered Agent. You must designate an indiv	
•	orida street address of	the registered agent are:	2018 Fri. 1
•	orida street address of		2013 HAY
•	orida street address of	the registered agent are:	2013 HAY
•	CLIPTON JEN N 19030 BATES	the registered agent are:	2013 HAY
•	CLISTON JEN N 19030 BATES Florida street	the registered agent are:  11124  Same  AUE.  et address (P.O. Box <u>NOT</u> acceptable)	2013 HAY
•	Prida street address of the Cluston Jen N 19030 Bates Florida street	the registered agent are: 41424 iame Aug.	2019 HAY 28

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

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

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
Mar	V 6005 15.11101
	MICOUS JENNEY
	19030 BATES AVE. EUSTIS, FLORIDA 32736
	605.15 , FIDECON 52156
Marm	CLIPPOIL GENNEY
	19030 BATES AUS.
	EUSTIS, FLORIDA 32736
effective date is listed, the date i	<del>_</del>
CLE V: Effective date, if other than	must be specific and cannot be more than five business d
CLE V: Effective date, if other that effective date is listed, the date is	must be specific and cannot be more than five business d
CLE V: Effective date, if other than effective date is listed, the date is or 90 days after the date of filin REQUIRED SIGNATURE:	must be specific and cannot be more than five business d
CLE V: Effective date, if other that effective date is listed, the date is or 90 days after the date of filin REQUIRED SIGNATURE:  Signature of a mo	must be specific and cannot be more than five business deg.)  eg.)  ember or an authorized representative of a member.
CLE V: Effective date, if other that effective date is listed, the date is or 90 days after the date of filing REQUIRED SIGNATURE:  Signature of a month of the constitutes an affirmation of the constitutes are affirmation of the constitutes an affirmation of the constitutes are affirmation of the co	ember of an authorized representative of a member.  In 608.408(3). Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.
CLE V: Effective date, if other that effective date is listed, the date is or 90 days after the date of filing REQUIRED SIGNATURE:  Signature of a medical constitutes an affirmation of a make that any false in the section of the se	ember of an authorized representative of a member.  In 608.408(3). Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.
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