

L14000085366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

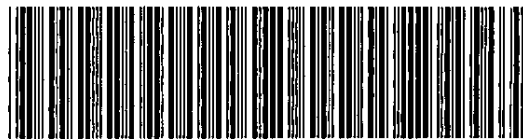
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

2014 MAY 28

**REDGRAVE & ROSENTHAL** <sup>LLP</sup>  
ATTORNEYS AT LAW

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Jennifer E. Zakin  
[jzakin@redgraveandrosenthal.com](mailto:jzakin@redgraveandrosenthal.com)  
Direct Dial 561.226.7819

May 16, 2014

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Our File No. 30439-00002  
A Treasure Chest, LLC  
Sea Biskit, LLC  
Sandy Paws, LLC

Dear Sir or Madam:

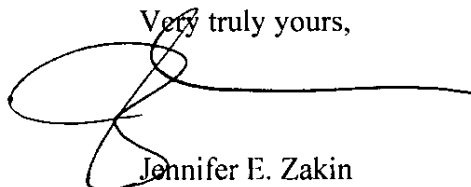
Enclosed for each of the above-referenced entities, please find the following:

1. Cover Letter;
2. Articles of Organization; and
3. A check in the amount of \$375.00 payable to the "Florida Department of State" (\$125.00 filing fee for each entity).

Please file the enclosed Articles of Organization with the Florida Department of State and return confirmation of filing to our office at the address indicated on the attached Cover Letters.

If you have any questions, please do not hesitate to contact me.

Very truly yours,



Jennifer E. Zakin

JEZ/ib  
Enclosures

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** A Treasure Chest, LLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Iana Brunelle  
Name of Person

Redgrave & Rosenthal LLP  
Firm/Company

120 East Palmetto Park Road, Suite 400  
Address

Boca Raton, Florida 33432-4809  
City/State and Zip Code

rieagould@verizon.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer E. Zakin, Esq. at ( 561 ) 347-1700  
Name of Person 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

A Treasure Chest, 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:**

1423 Villa Juno Drive South  
Juno Beach, Florida 33408

**Mailing Address:**

1423 Villa Juno Drive South  
Juno Beach, Florida 33408

**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:

Robert Lee Gould

Name

1423 Villa Juno Drive South

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

Juno Beach

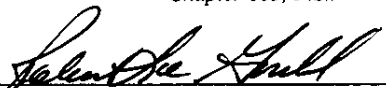
City

FL

33408

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 605, F.S.*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Robert Lee Gould  
1423 Villa Juno Drive South  
Juno Beach, Florida 33408

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

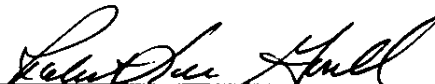
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), 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.)

Robert Lee Gould, Manager

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)**

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TALLAHASSEE, FLORIDA

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