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SECRETARY OF RINE

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COVER LETTER

	tration Section ion of Corporations	
SUBJECT: _	Spoiled Rotten Co	ritters, LLC ability Company
The enclosed a	Articles of Organization and fee(s) are submi	tted for filing.
Please return a	Il correspondence concerning this matter to t	the following:
		wkins-Heierman e of Person
_	Firm	/Company
		ng Deer Lane ddress
	Crawfordvi	lle, FL 32327
	•	e and Zip Code
For further inf	Jessica@ragle E-mail address: (to be used for fut primation concerning this matter, please call:	ure annual report notification)
	Hawkins-Heierman at (<u>850</u> Name of Person Area C	
Enclosed is a	heck for the following amount:	
] \$125.00 Filing	Certificate of Status Cer	55.00 Filing Fee & □\$160.00 Filing Fee, rtified Copy ional 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:				
Spoiled Rotten (Must end with the words "Limit	<u>Critters, LL</u> ed Liability C	C Company, "L.L.C.," or	"LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal	office of the	Limited Liability Cor	npany is:	
Principal Office Address:	Mailin	g Address:		
118 Running Deer Lane Crawfordville. FL 32327		unning Deer Lane ordville, FL 32327		
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its ovanother business entity with an active Florida registration	vn Registered	red Agent's Signatur Agent. You must des	e: ignate an individual or	,
The name and the Florida street address of the register	ed agent are:			
<u>Heather Hawki</u> Nar		n		
118 Running Florida street address (P.O. B				
<u>Crawfordville</u> City	FL	32317 Zip		
Having been named as registered agent and to accept the place designated in this certificate. I hereby acc capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the Charles Registered Agent's Sig	rept the appoint of all statut obligations of apter 605, F.S. Apper 605, F.S.	ntment as registered as relating to the prop fmy position as registe	gent and agree to act ir er and complete perfor	n this mance
			73 (T) 13 (S)	

<u>Fitle:</u>	Name and Address:
AMBR" = Authorized Member MGR" = Manager	
MGR	Heather Hawkins-Heierman
	118 Running Deer Lane
	Crawfordville, FL 32327
V: Effective date, if other than the	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90
CV: Effective date, if other than the ctive date is listed, the date must filling.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90
Use attachment if necessary) EV: Effective date, if other than the ctive date is listed, the date must filing.) EVI: Other provisions, if any.	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90
CV: Effective date, if other than the ctive date is listed, the date must filling.)	be specific and cannot be more than five business days prior to or 90
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