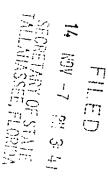
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S. YOUNG

EFFECTIVE DATE

COVER LETTER

TO: Registration Section **Division of Corporations** SUBJECT: Second Chance Canine Resue, 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: Kelli Hammond Mills Name of Person Second Chance Canine Rescue, LLC Firm/Company 5672 SW 41st Street Address Ocala, Florida 34474 City/State and Zip Code secondchancecaninerescue@gmail.com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kelli Hammond Mills Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$125.00 Filing Fee ☑\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy

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

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Second Chance Canine Rescue, LLC		
(Must end with the words "Lim	ited Liability Company, "L.L.C.," o	r "LLC.")
ARTICLE II - Address:		
The mailing address and street address of the princip	al office of the Limited Liability Co.	mpany is:
Principal Office Address:	Mailing Address:	
5672 SW 41st Street	5672 SW 41st Street	
Ocala, Florida 34474	Ocala, Florida 34474	
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its canother business entity with an active Florida registry.) The name and the Florida street address of the register.	own Registered Agent. You must desartion.)	
Kalli Hanamanal Milla		
Kelli Hammond Mills Na	ame	T B B
5070 004 44-4 04		SS 1 [7]
5672 SW 41st Street Florida street address (P.O.	Box NOT acceptable)	
Ocala	FL 34474	
City	Zip	第四十二

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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page I of 2

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Kelli Hammond Mills 5672 SW 41st Street Ocala, Florida 34474
MGR	Sarah Usery 1770 SE 140th Street Summerfield, Florida 34491
<u> </u>	
(Use attachment if necessary)	<u>.</u>
ective date is listed, the date must be spe	of filing: November 1, 2014 (OPTIONAL) ecific and cannot be more than five business days prior to or 90
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REQUIRED SIGNATURE: Signature of a mer (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	mber or an authorized representative of a member. 5.0203 (1) (b), 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 y as provided for in s.817.155, F.S.)
E VI: Other provisions, if any. E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mer (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document r the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.) Typed or printed name of signee
REQUIRED SIGNATURE: Signature of a mer (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document r the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees: ganization and Designation of Registered Agent