

L15000076590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

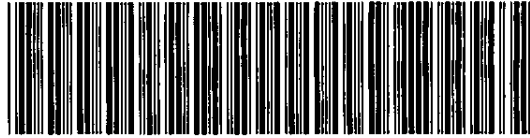
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/05/15--01015--009 **160.00

effective date 02/26/2015

FILED
15 MAR -5 PM 1:26
SECRET
TALLAHASSEE, FLORIDA

10

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A's Dog Walking and Pet Sitting
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:

Adrienne Williams
Name of Person

A's Dog Walking and Pet Sitting
Firm/Company

P.O. Box 741131
Address

Boynton Beach, FL 33474
City/State and Zip Code

Radadrienne@yahoo.com
E-mail address: (to be used for future annual report notification)

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15 MAR -5 PM 1:28
SECURITY
CALL CENTER

For further information concerning this matter, please call:

Adrienne Williams at (561) 305-2641
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 23, 2015

ADRIENNE WILLIAMS
A'S DOG WALKING AND PET SITTING
P.O. BOX 741131
BOYNTON BEACH, FL 33474

SUBJECT: A'S DOG WALKING AND PET SITTING LLC
Ref. Number: W15000020081

We have received your document for A'S DOG WALKING AND PET SITTING LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on March 5, 2015. Please amend your document accordingly.

The earliest effective date you can have would be February 26th.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 115A00005749

RECEIVED

15 APR 27

Diane,
I made the corrections and now I am mailing this back to you. Please file paperwork effective date Feb. 26th Thank you! Please mail me back copies www.sunbiz.org that it was done. I paid extra for that.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

A's Dog Walking and Pet Sitting "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:

Mailing Address:

7167 Davit Circle same mailing
Lake Worth, FL 33467 address.

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:

Adrienne Williams - My physical
Name Address:
7167 Davit Circle
Florida street address (P.O. Box NOT acceptable)
Lake Worth FL 33467
City Zip

STATE OF FLORIDA
TALLAHASSEE
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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.

Adrienne Williams
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR
MGR

Name and Address:

Adrienne Williams
7167 Davit Creek
Lake Worth, FL, 33467

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Feb. 26, 2015 (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.

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REQUIRED SIGNATURE:

Adrienne Williams

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.)

Adrienne Williams
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)