

L150000114081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

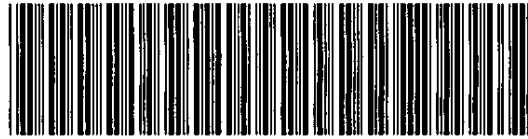
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status ☒

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Office Use Only



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07/02/15--01008--012 \*\*130.00

EFFECTIVE DATE  
6-29-15

2015 JUL -2 AM 11:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

JUL -8 2015

T. BROWN

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Sansational Pet Sitting Service  
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:

Sandra Taylor McEachern

Name of Person

Sansational Pet Sitting Service

Firm/Company

5559 Allie Rae Street

Address

Milton, FL 32570

City/State and Zip Code

smceach@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra McEachern

850

232-8148

at ( )

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**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

June 29, 2015

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

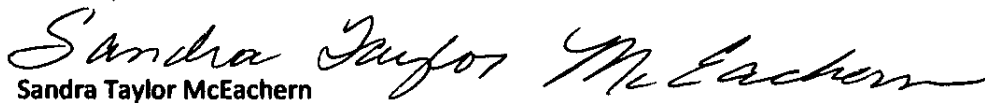
REFERENCE: Requirements for filing for a Limited Liability Company (LLC)

Regarding the above referenced requirements, I am submitting the following information and a check in the amount of \$130 for the filing fee and the Certificate of Status.

Sandra Taylor McEachern  
5559 Allie Rae Street  
Milton FL 32570  
[smceach@bellsouth.net](mailto:smceach@bellsouth.net)

Please advise if additional information is required.

Sincerely,

  
Sandra Taylor McEachern

Enclosure: 1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sansational Pet Sitting Service, 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:

5559 Allie Rae Street  
Milton, FL 32570

Mailing Address:

5559 Allie Rae Street  
Milton, FL 32570

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6-29-15

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:

Sandra Taylor McEarchern

Name

5559 Allie Rae Street

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

Milton

FL

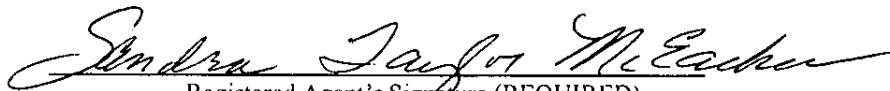
32570

City

State

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)

**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:**

Sandra Taylor McEachern

5559 Allie Rae Street

Milton, FL 32570

AMBR

James Davis McEachern

5559 Allie Rae Street

Milton, FL 32570

(Use attachment if necessary)

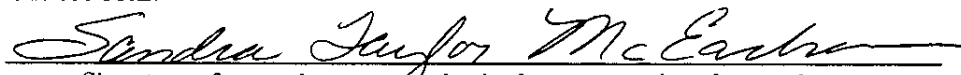
**ARTICLE V:** Effective date, if other than the date of filing: June 29, 2015 (OPTIONAL)

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

**REQUIRED SIGNATURE:**



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

Sandra Taylor McEachern

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)