## 4160000043310

(Requestor	s Name)			
(Address)				
(Address)				
(City/State/	Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business E	Entity Name)			
(Document Number)				
Certified Copies C	ertificates of Status			
Special Instructions to Filing Officer:				
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SECRETARY PARE STATE



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 24, 2016

MILDRED A. CALVERT 231 NW 33RD AVE GAINESVILLE, FL 32609

SUBJECT: MITZI CALVERT CANINE OBEDIENCE TRAINING, LLC

Ref. Number: W16000013719

We have received your document for MITZI CALVERT CANINE OBEDIENCE TRAINING, 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):

The effective date must be specific and cannot be prior to the date of filing.

If we have had no written response within 60 days of this letter, we will consider your document abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

New Filing Section.

Letter Number: 416A00003806

16 HAR -3 PM 2: 55

## **COVER LETTER**

10: Registration Section Division of Corporations							
SUBJECT: Mitzi Calvers Capine Obsoinfus Tearny, 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:							
Mildren A. Calvert Name of Person							
N/A							
Firm/Company							
231 NW 33RD Avenue Address							
Address							
Granusu, II FZ 32609 City/State and Zip Code							
City/State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Name of Person Area Code Daytime Telephone Number							
Enclosed is a check for the following amount:							
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}							
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301							

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liabilit	y Company is:						
Mitzi Calvi (Must end	with the words "Limited L	المراح المالكة	y, "L.L.C.," or "L	LLC.")			
ARTICLE II - Address: The mailing address and street ad	ddress of the principal offi	ce of the Limite	d Liability Compa	ny is:			
<u>Principa</u>	al Office Address:			ng Address:			
251 NW 3320/			231 NG 332	en August	<del></del>		
<u>Change, No</u>	, FL 32605		Granuscu. ll	Fi 32609			
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a	cannot serve as its own R active Florida registration.	egistered Agent. ) gent are: Mush, CP Name Awwe	You must designa	ate an individual or	SECRETARY (	16 HAR -3 /	
	Gringelle	F2	32609	•	militi Titor	AH S	
	City	State	Zip	<del></del>		9: 56	
Having been named as registered a place designated in this certificate, further agree to comply with the pr am familiar with and accept the ob	I hereby accept the appoint ovisions of all statutes relating attentions of my position as	ntment as registe ting to the prope registered agent	red agent and agre r and complete per	e to act in this capa formance of my dut Chapter 605, F.S	y at the city. I		
		(CONTINUED)	•				

Page 1 of 2

Title:  "AMBR" = Authorized Member  "MGR" = Manager	Name and Address:					
	ZZI NO ZARA AMAR -3 AM 9: 57					
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the date of filing (If an effective date is listed, the date must be specific an the date of filing.)	nd cannot be more than five business days prior to or 90 days					
Note: If the date inserted in this block does not meet the the document's effective date on the Department of State  ARTICLE VI: Other provisions, if any.						

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)