

L16000058247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

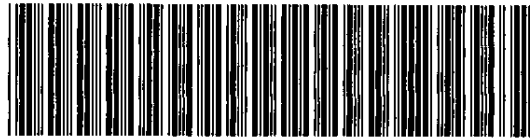
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/18/16--01021--007 \*\*125.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 MAR 18 AM 10:10

APPROVED  
AND  
FILED

MAR 18 2016

S. PRA

3-14-16

To Whom it may Concern:

Please accept these articles of organization for Echo Pet Care, LLC as well as the money order for \$125.00 filing fee.

Thank you.

Jaclyn Cooks  
PO Box 11256

Jacksonville FL 32239-1256  
904-662-5717

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Echo Pet Care L.L.C.

(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:

3223 Hermitage Road East  
Jacksonville, FL 32277

Mailing Address:

P.O. Box 11256  
Jacksonville FL 32239-1256

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:

Jaclyn Cooks

Name

3223 Hermitage Road East

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

Jacksonville

FL

32277

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)

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**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

**Name and Address:**

Jaclyn Cooks

P.O. Box 11256

Jacksonville, FL 32239-1256

AMBR

Cleshawn Cooks

P.O. Box 11256

Jacksonville, FL 32239-1256

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 3/1/2016 3/15/16 <sup>JKC</sup> (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.

Jaclyn Cooks

\_\_\_\_\_  
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)

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