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(Re	equestor's Name)	
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## **COVER LETTER**

10:	Division of Corporations
SUBJE	I I Chetucknee Otter Works, LLC
50202	Name of Limited Liability Company
The enc	losed Articles of Organization and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	Patricia A Murphy Name of Person
	Firm/Company
	28051 River Run Rd.
	Address
	Branford FL 32008
	Branford FL 32008  City/State and Zip Code  river house cats @ amail. com  E-mail address: (to be used for future annual report notification)
For furthe	er information concerning this matter, please call:
Pa	Name of Person at (305) H31-7073  Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:
\$125.00	Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) 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

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The name of the Limited Liability Company is:

(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:** 

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:

City State

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 1 of 2

	Authorized Member	Name and Address:
"MGR" = M	anager R	Fatrick F. Burke 28051 River Bun Rd Branford, FL 32008
<del></del>		
ICLE V: Effecti		te of filing: <u>AUGUST 4, 2010</u> . (OPTIONAL)  pecific and cannot be more than five business days prior to or 90 days a
ICLE V: Effective date is ate of filing.)  If the date insecuence is a comment's effective in the comment	ive date, if other than the dates listed, the date must be s	pecific and cannot be more than five business days prior to or 90 days a meet the applicable statutory filing requirements, this date will not be list
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TCLE V: Effection effective date is late of filing.)  e: If the date inseducement's effective other	erted in this block does not tive date on the Department provisions, if any.  D SIGNATURE:  Signature of a not the Department is exect 1 am aware that any fall	meet the applicable statutory filing requirements, this date will not be list at of State's records.  The state of the sta
TICLE V: Effection effective date is late of filing.)  E: If the date inseducument's effective of the comment's effective of the comment of the	erted in this block does not tive date on the Department provisions, if any.  D SIGNATURE:  Signature of a not this document is exect 1 am aware that any fall constitutes a third degr	meet the applicable statutory filing requirements, this date will not be list at of State's records.  The property of a member of an authorized representative of a member outed in accordance with section 605.0203 (1) (b), Florida Statutes.

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ARTICLE IV-