## L17000071638

(Re	equestor's Name)	
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SECRETARY OF STATE CLUATIASSEE, FLORIDA

FILED

a 04/03/17

W17-017335



March 1, 2017

SHANNON SULLIVAN 10216 109TH AVE. LARGO, FL 33773

SUBJECT: ANIMAL ELEMENTALS, LLC

Ref. Number: W17000017335

We have received your document for ANIMAL ELEMENTALS, 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):

"Page #2" of the Articles of Organization were NOT INCLUDED with the original submission.

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

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 517A00003884

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida

## **COVER LETTER**

	egistration Section ivision of Corporations		17 Mar 31 - PM 12: 40
	Animal Elementals , LLC		
SUBJECT		Limited Liability Company	HIORITATION CERVICES
The enclos	sed Articles of Organization and fee(s)	are submitted for filing.	
Please retu	arn all correspondence concerning this	matter to the following:	
	Shannon Sullivan		
		Name of Person	
	Animal Elementals, Ilc		
		Firm/Company	
	10216 109th Ave		
٠	······································	Address	
	Largo, FL 33773		
	animalelementals@yahoo.com	City/State and Zip Code	
	E-mail address: (to be us	sed for future annual report notification	n)
For further	information concerning this matter, plo	ease call:	
	Shannon Sullivan	727 667-2622	
	Name of Person	Area Code Daytime Telephone	Number
Enclosed	is a check for the following amount:		
\$125.00 F	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	Street Address	

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

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:		
Animal Elementals, L			
(Must end w	ith the words "Limited	i Liability Company, '	'L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address	dress of the principal o	office of the Limited L	iability Company is:
<u>Principa</u>	Office Address:		Mailing Address:
10216 109th Ave			
Largo, Fl 33773		<del></del>	
another business entity with an ac	annot serve as its own tive Florida registration	Registered Agent. Yon.)	's Signature: ou must designate an individual or
The name and the Florida street a	daress of the registered	a agent are:	
	Shannon Sullivan		
		Name	
	10216 109th Ave		
	Florida street addres	s (P.O. Box <b>NOT</b> acc	eptable)
	Largo	Florida	33773
	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..

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

FORCIANT OF STATE

## ARTICLE IV-

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

_	Citle:	Name and Address:		
	'AMBR" = Authorized Membe	Г		
	'MGR" = Manager	Ch., C., 111		
	MGR	Shannon Sullivan 10216 109th Ave		
		Largo, Fl 33773	<del></del>	
		1.aigo, 11.33713		
	AMBR	Cheryl Dickins		
_		10216 109th Ave		
		Largo, Fl 33773		
_				
_				
			<del></del>	
(	Use attachment if necessary)			
`	, , , , , , , , , , , , , , , , , , , ,			
	nent's effective date on the De <b>VI</b> : Other provisions, if any.	arment of State 3 records.		
			- · · · · · · · · · · · · · · · · · · ·	
1	REQUIRED SIGNATURE:			
	_ ^	handle of		
	Signatur	e of a member or an authorized representative of a member	er.	
		is executed in accordance with section 605.0203 (1) (b), Flor		
	I am aware tha constitutes a th	any false information submitted in a document to the Departr rd degree felony as provided for in s.817.155, F.S.		
	Shanno	a Sullivan	TAL SE	17
	<del> </del>	Typed or printed name of signee		<b>T</b>
		, ,	<b>E</b>	II. ≫ 20
		Filing Fees:	15 C	່ມ ີ
		es of Organization and Designation of Registered Agent	<u> </u>	
	\$ 30.00 Certified Copy (Op		_	
	\$ 5.00 Certificate of Statu	(Optional)		
			SIAIE	ج
		Page 2 of 2	<u>9</u>	<u>.</u>