## L17000193/68

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
(2) 2.2
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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SEP 18 2017



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## COVER LETTER

	ew Filing Section division of Corporations			
SUBJECT	Favorite Sibs LLC			
Sonate		of Limited Liabili	ity Company	<del></del>
The enclos	sed Articles of Organization and fee	e(s) are submitted	for tiling.	
Please retu	irn all correspondence concerning t	his matter to the f	following:	
	Robert D. Mendelson			
		Name of	Person	
	Favorite Sibs LLC			
		Firm/Co	mpany	
	2749 Millstone Plantation Road			
		Addr	ess	
	Tallahassee, Florida 32312			
	robert@robertmendelsonlaw.com	City/State an	d Zip Code	
	E-mail address: (to be	used for future a	nnual report notificat	ion)
For further i	nformation concerning this matter,	please call:		
	Robert D. Mendelson	850 at (	224-2000	
	Name of Person	Area Code	Daytime Telephor	ne Number
Enclosed is	s a check for the following amount:	:		
\$125.00 F	iling Fee \$130.00 Filing Fee Certificate of Stat	us LCertifi	0 Filing Fee & ed Copy at 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 Liabil	ity Company is:		
Favorite Sibs LLC	ntain the words "Limited I	iability Company."	L.L.C" or "LLC.")
ARTICLE II - Address: The mailing address and street			
_	pal Office Address:		Mailing Address:
	ntation Road	2749	Millstone Plantation Road
2749 Millstone Plar Tallahassee, Florida	1 32312		nassee, Florida 32312
Tallahassee, Florida	gent, Registered Office, or y cannot serve as its own active Florida registratio	& Registered Agent Registered Agent. V	
Tallahassee, Florida  ARTICLE III - Registered Ag The Limited Liability Companionother business entity with an	gent, Registered Office, or y cannot serve as its own active Florida registratio	& Registered Agent Registered Agent. V n.) agent are:	's Signature:
Tallahassee, Florida  ARTICLE III - Registered Ag The Limited Liability Companionother business entity with an	gent, Registered Office, or cannot serve as its own active Florida registratio t address of the registered	& Registered Agent Registered Agent. V n.) agent are:	's Signature:
Tallahassee, Florida  ARTICLE III - Registered Ag The Limited Liability Companiother business entity with an	gent, Registered Office, or cannot serve as its own active Florida registratio t address of the registered	& Registered Agent Registered Agent, You agent are: Name	's Signature:
Tallahassee, Florida  ARTICLE III - Registered Ag The Limited Liability Companiother business entity with an	gent, Registered Office, or cannot serve as its own active Florida registratio traddress of the registered Robert D. Mendelson	& Registered Agent Registered Agent. You,) agent are: Name	's Signature: ou must designate an individual or
Tallahassee, Florida  ARTICLE III - Registered Ag The Limited Liability Companionother business entity with an	gent, Registered Office, on a cative Florida registration traddress of the registered Robert D. Mendelson 2749 Millstone Plant	& Registered Agent Registered Agent. You,) agent are: Name	's Signature: ou must designate an individual or

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)

Title: "AMBR" = Author	ized Member	Name and Address:
"MGR" = Manager		
MGR		Robert D. Mendelson
	<del></del>	2749 Millstone Plantation Road
		Florida 32312
	<del>-</del>	
		· · · · · · · · · · · · · · · · · · ·
(Use attachment if	-	r N/A (OPTIONAL)
CLE V: Effective date effective date is listed, te of filing.) If the date inserted in	, if other than the date of fil the date must be specific	ling: N/A
CLE V: Effective date effective date is listed, se of filing.) If the date inserted in cument's effective date CLE VI: Other provision	, if other than the date of fil the date must be specific this block does not meet to e on the Department of Sta	and cannot be more than five business days prior to or 90 days the applicable statutory filing requirements, this date will not be list
CLE V: Effective date effective date is listed, te of filing.) If the date inserted in cument's effective date	, if other than the date of fil the date must be specific this block does not meet to e on the Department of Sta	and cannot be more than five business days prior to or 90 days the applicable statutory filing requirements, this date will not be list
CLE V: Effective date effective date is listed, te of filing.) If the date inserted in cument's effective date	, if other than the date of file, the date must be specific this block does not meet to on the Department of States, if any.	and cannot be more than five business days prior to or 90 days the applicable statutory filing requirements, this date will not be list ate's records.
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CLE V: Effective date effective date is listed, te of filing.)  If the date inserted in cument's effective date CLE VI: Other provision REOUIRED SIGN	if other than the date of file. the date must be specific this block does not meet to on the Department of States, if any.  SATURE:  Signature of a members document is executed in aware that any false info	and cannot be more than five business days prior to or 90 days the applicable statutory filing requirements, this date will not be list ate's records.
CLE V: Effective date effective date is listed, te of filing.)  If the date inserted in cument's effective date CLE VI: Other provision REOUIRED SIGN	if other than the date of file. the date must be specific this block does not meet to on the Department of States, if any.  SATURE:  Signature of a members document is executed in aware that any false info	the applicable statutory filing requirements, this date will not be list ate's records.  To r an authorized representative of a member, a accordance with section 605.0203 (1) (b). Florida Statutes, armation submitted in a document to the Department of State

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

. . . .

S 5.00 Certificate of Status (Optional)