

L19000304775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

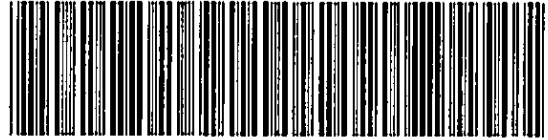
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

N. SAMS

DEC 22 2019



500337462025

12/02/19--01044--011 **125.00

FILED
2019 DEC -2 PM 3:42
SECURITY
CALLAHAN

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: MAMA BEAR'S PET CARE 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:

ALEXIS SCHAAAB

Name of Person

MAMA BEAR'S PET CARE

Firm/Company

3570 LAKE CENTER DR. #3202

Address

MOUNT DORA, FL 32757

City/State and Zip Code

ALEXISSCHAAAB1@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEXIS SCHAAAB 561 693-9480

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 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

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

Street Address

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:

MAMA BEAR'S PET CARE LLC

(Must contain 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:

3570 LAKE CENTER DR #3202
MOUNT DORA, FL 32757

Mailing Address:

3570 LAKE CENTER DR. #3202
MOUNT DORA, FL 32757

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:

ALEXIS SCHAAB

Name

3570 LAKE CENTER DR. #3202

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

<u>MOUNT DORA</u>	<u>FLORIDA</u>	<u>32757</u>
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..

Alexis Schaab

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2019 DEC -2 PM 3:42
CLERK OF DISTRICT COURT
MOUNT DORA, FLORIDA

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:

ALEXIS SCHAAB

3570 LAKE CENTER DR. #3202

MOUNT DORA, FL 32757

MGR

ALEXIS SCHAAB

3570 LAKE CENTER DR. #3202

MOUNT DORA, FL 32757

(Use attachment if necessary)

FILED
2019 DEC -2 PM 3:42
ALLAPOSTOLICA

ARTICLE V: Effective date, if other than the date of filing: 01/01/2020 (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:

Alexis Schaab

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.

Alexis Schaab

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)