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PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
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Certified Copies	Certificates	of Status
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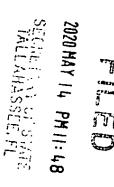
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February 27, 2020

NICOLE KALAVSKY 27180 REDFOX DR BROOKSVILLE, FL 34602

SUBJECT: THE POOP DECK DOG GROOMING LLC

Ref. Number: W20000021280

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the **complete document**, including the <u>electronic filing cover sheet</u>.

Please list the complete principal office address.

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

Shondreka M Bellenger Regulatory Specialist II New Filing Section

Letter Number: 720A00004332

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: The Poop Deck Dog Grooning 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:
Nicole D. Kalavsky Name of Person
The Poop Deck Dog Grooning UC Firm/Company
1639 5 8th St. Address
Fernandina Beach, FL 32034 City/State and Zip Code
thepoopdeckdoggrooming 11c2gnail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Nicole D. Kalausky at 512 825-8283 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status

Mailing Address

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

Street Address
New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
The Poop Deck Do (Must contain the words "Limited Li	a Gro	oming LLC		
(Must contain the words "Limited Li	ability Comp	oany, "L.T.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the principal offi	ice of the Lir	mited Liability Company is:		
Principal Office Address:		Mailing Address:		
1639 S 8th St Fernandina Beach FL 32034		95457 Creekville Dr. Fernandina Beach FL 32034		
ARTICLE III - Registered Agent, Registered Office, & The Limited Liability Company cannot serve as its own R mother business entity with an active Florida registration.	egistered Ag	Agent's Signature: ent. You must designate an individual or		
The name and the Florida street address of the registered a	gent are:			
Stephen J	· Kala	vsky		
Florida street address (P.O. Box NOT acceptable)				
Spring Hill City	FL	34609		
City	State	Zip		
aving been named as registered agent and to accept service	of process fo	or the above stated limited liability.		

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR = Minager MGR	Alimia To Minimum.
IMBR	Nicole D. Kanaviky
	Fernander Beach 12 32034

the date of filing.) Note: If the date inserted in this block does not the document's effective date on the Department ARTICLE VI: Other provisions, if any.	meet the applicable statutory filing requirements, this date will not be listed at of State's records.
REQUIRED SIGNATURE:	7 /
C.	
Signature of a m	tember or an authorized representative of a member.
This document is execu	uted in accordance with section 605.0203 (1) (b). Florida Statilies
r ant aware true any rais	se information submitted in a document to the Department of States see felony as provided for in s.817,155, F.S.
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\mathcal{N}_{i}	Typed or printed name of signee
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****	Filing Fees:
\$125.00 Filing Fee for Articles of Or	rganization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)	
\$ 5.00 Certificate of Status (Option	nal) 💳 👁