## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H22000109652 3)))



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Division of Corporations

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Account Name : HUBCO

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: ARIANN.HERMAN@GMAIL.COM

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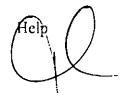
COUNTY OF SOME BROWNER

## FLORIDA LIMITED LIABILITY CO. BLACK CAT GROOMERY LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu



H22000109652

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	OOMERY LLC
(Must end with the words "Limi	ited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal	al office of the Limited Liability Company is:
Principal Office Address:	ailing Address;
4212 FLORENCE TOLSMA WAY PANAMA CITY, FL 32404	4212 FLORENCE TOLSMA WAY PANAMA CITY, FL 32404
another business entity with an active Florida registri	ce, & Registered Agent's Signature:
The name and the Florida street address of the register	ered agent are:
ARI'ANN JOHNSON	
	ame
N:	LSMA WAY
N: 4212 FLORENCE TO	LSMA WAY

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 105 F.S.

Registered Agent's Signature (REQUIRED)

**ARI'ANN JOHNSON** 

(CONTINUED)
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Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	ADJIAANI JOHNOON
AMBR	ARI'ANN JOHNSON
	4212 FLORENCE TOLSMA WAY PANAMA CITY, FL 32404
	PANAMA CITT, FL 32404
	ALLAHASSE
	9: 03
(Use attachment if necessary)	
LE V: Effective date, if other than the	date of filing: (OPTIONAL)
CLE V: Effective date, if other than the offective date is listed, the date must be e of filing.)	
CLE V: Effective date, if other than the offective date is listed, the date must be e of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 days after
CLE V: Effective date, if other than the offective date is listed, the date must be e of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of (In accordance with sect constitutes an affirmation I am aware that any false)	date of filing: (OPTIONAL)
CLE V: Effective date, if other than the offective date is listed, the date must be e of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of (In accordance with sect constitutes an affirmation I am aware that any false)	respecific and cannot be more than five business days prior to or 9 member or an authorized representative of a member, ion 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, see information submitted in a document to the Department of State

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