

L22000447793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

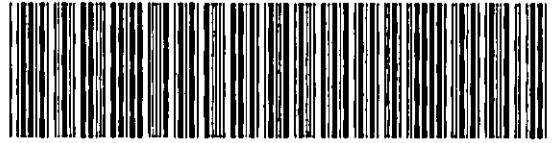
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100395089491

10/11/22--01041--018 \*+185.00

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2022 OCT 11 PM 4: 11

FILED

M

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Lily Pad Pets Reptiles & More LLC  
(Must contain the words "Limited Liability Company," "L.L.C.," or "L.I.C.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**Mailing Address:**

4970 Stack Blvd  
Suite BS  
Melbourne FL 32901

4970 Stack Blvd  
Suite BS  
Melbourne FL 32901

**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:

Kelly Elanna  
Name

4970 Stack Blvd Suite BS  
Florida street address (P.O. Box **NOT** acceptable)

Melbourne FL 32901  
City 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.*

Kelly Elanna  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2022 OCT 11 PM 4:11  
of the State of Florida  
TALLAHASSEE, 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

MGR

MGR

N/A

N/A

**Name and Address:**

Kelly Elannan  
4970 Starck Blvd suite B5  
Melbourne FL 32901

Melissa Elannan  
5500 Ambersand Pl Apt B  
Grant FL 32949

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V: Other provisions, if any.**

N/A

\_\_\_\_\_  
\_\_\_\_\_

FILED  
2022 OCT 11 PM 4:11  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE

**REQUIRED SIGNATURE:**

KEL

**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.

Kelly Elannan

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)**