

L15000161440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

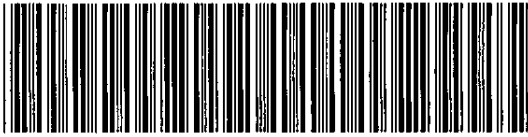
(Business Entity Name)

(Document Number)

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9/3 CR

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PIMP MY DOG, 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:

Pablo Oscar Marchisone

Name of Person

PIMP MY DOG, LLC

Firm/Company

9260 Bay Harbor Terrace apt. 24

Address

9260 Bay Harbor Terrace apt. 24

City/State and Zip Code

Bay Harbor Islands Florida 33154

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

For further information concerning this matter, please call:

Pablo Marchisone	at (	786	)	355 3877
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)    
 \$150.00 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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

PIMP MY DOG LLC.

(Must end with 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:**

**Mailing Address:**

9260 Bay Harbor Terrace apt 24  
Bay Harbor Islands Florida 33154

9260 Bay Harbor Terrace apt 24  
Bay Harbor Islands Florida 33154

**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:

Milagros Depaoli

Name

3190 Harding St.

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

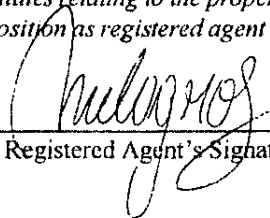
Hollywood                      Florida                      33021

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..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV

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

Title	Name and Address
"AMER" = Authorized Member	
"MGR" = Manager	
<u>AMER</u>	<u>Oscar Marchisone</u>
	<u>9260 Bay Harbor Terrace apt 24</u>
	<u>Bay Harbor Islands Florida 33154</u>
<u>MGR</u>	<u>Pablo Marchisone</u>
	<u>9260 Bay Harbor Terrace apt 24</u>
	<u>Bay Harbor Islands Florida 33154</u>

(Use attachment if necessary)

*Aug 20, 2015 Per CS*

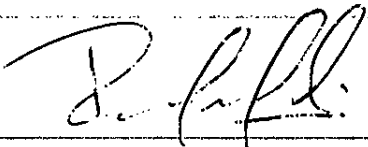
ARTICLE V: Effective date, if other than the date of filing: 7/29/2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 30 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:



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.

Pablo Oscar Marchisone  
Typed or printed name of signer

Signature Fees:  
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  
\$ 50.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)