

L20000358937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

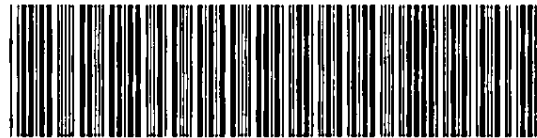
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300354601193

11/17/20--01002--060 **310.00

RECEIVED
20 NOV 17 PM 7:07
MASS. SEC. STATE

D O'KEEFE

NOV 23 2020

COVER LETTER

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

SUBJECT: DSL A Pet Sitting Service, 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:

Lisa K. Luu

Name of Person

Firm/Company

201 Chilson Ave

Address

Anna Maria, Florida 34216

City/State and Zip Code

dslapetsitter@yahoo.com

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

For further information concerning this matter, please call:

Lisa K. Luu

Name of Person

at (515) 210-4364

Area Code

210-4364

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)

**X \$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
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:

DSL A Petsitting SVC, 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:

201 Chulson Ave
Anna Maria, FL 34216

Mailing Address:

Po Box 87
Anna Maria FL 34216

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:

Lisa K. Luu

Name

201 Chulson Ave

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

Anna Maria FL 34216

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.

Lisa K. Luu

Registered Agent's Signature (REQUIRED)

(CONTINUED)

20 NOV 17 PM 7:07
ALLIANCE FIDELITY

