

L03000010408

(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:

Name
Availability

Document
Examiner

DCC

Update

Office Use Only

Updater
Verifier

DCC

Acknowledgement

DCC

W. P. Verifier

DCC



100014247031

EFFECTIVE DATE
4/1/03

03/21/03--01033--001 **180.00

FILED

03 MAR 21 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 18, 2003

Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

Dear Sir or Madam:

My name is Antonios Saravanos. Enclosed with this letter you will find the Articles of Organization for the Limited Liability Corporation as well as a check for \$160 to cover the optional services of receiving a certified copy and a certificate of status. My address is, 690 Island Way Apt. 811, Clearwater, FL 33767. I can be reached at (727) 466-9190.

Sincerely,



Antonios Saravanos

FILED
03 MAR 21 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
Purple Puppet Ltd. Co.

EFFECTIVE DATE
4/1/03

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
690 Island Way, apt. 811, Clearwater, FL, 33767

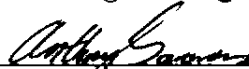
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Antonios Saravanos
_____ Name
690 Island Way, apt. 811
_____ Florida street address (P.O. Box NOT acceptable)
Clearwater FL 33767
_____ City, State, and Zip

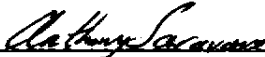
FILED
03 MAR 21 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 608, F.S.



Registered Agent's Signature

(An additional article must be added if an effective date is requested)



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Antonios Saravanos

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Article IV – Effective Date

The Effective Date for this entity is April 1st, 2003.

Article V – Period of Duration

The Period of Duration for this entity is Perpetual.

FILED

03 MAR 21 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA