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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

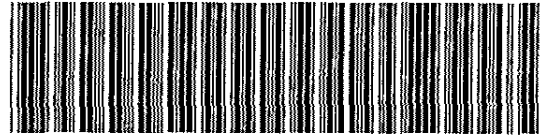
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2005 MAR 25 PM 12:49
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

4 BRYAN MAR 28 2005

TRANSMITTAL LETTER

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2005 MAR 25 PM 12:49
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

To: Registration Section, Division of Corporations

Subject: ROYAL PAWS, LLC

Date: March 22nd, 2005

The enclosed Articles of Organization and fee (s) are submitted for filing. Please return all correspondence concerning this matter to the following:

Sonia Reices	(Name of Person)
ROYAL PAWS, LLC	(Company Name)
853 SW 120 TH Way	(Mailing Address)
Davie, FL., 33325	

For further information concerning this matter please call:

Sonia Reices, at #954-476-5846 (Home Office) - # 954-687-7487 (Cell)

Enclosed please find check in the amount of \$155.00, for Filing Fees and Certified Copy.

Service Delivery to:

Registration Section
Division of Corporations
409 E Gaines Street
Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is **ROYAL PAWS, LLC**

ARTICLE II - Address

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

Principal Office Address: Broward County, Location not determined

Mailing Address: 853 SW 120th Way
Davie, FL 33325

ARTICLE III - Registered Agent

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

SONIA REICES
Name

853 SW 120th Way
Florida street address

Davie, FL. 33325
City, State and 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 608, F.S..



Registered Agent's Signature

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ARTICLE IV- Manager(s) or Managing Member(s):

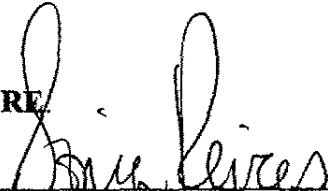
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	

MGR	Lisa Reices-Nicasio 786 SW 120 th Way Davie, FL 33325
MGRM	Sonia Reices 853 SW 120 th Way Davie, FL 33325

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TALLAHASSEE, FLORIDA

REQUIRED SIGNATURE



Signature of authorized Managing 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.)

SONIA REICES

Authorized Signee