

Division

APR 22, 2005 4:10PM

KANETSKY MOORE DEBOER

0.3360

Page 1 of 1

TO: CORPORATIONS

# Florida Department of State

Division of Corporations

Public Access System

2005 APR 22 A 10:07

## Electronic Filing Cover Sheet

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H05000100888 3)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)205-0383

From:

Account Name : KANETSKY, MOORE & DEBOER, P.A.  
Account Number : 075350000267  
Phone : (941)485-1571  
Fax Number : (941)484-7226

## LIMITED LIABILITY COMPANY

D'HARMA'S DOG HOUSE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

RECEIVED  
05 APR 22 PM 4:28  
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing

Public Access Help

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

**FILED**

2005 APR 22 A 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**D'HARMA'S DOG HOUSE, LLC**

**ARTICLE II - Address**

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


2800 Kennedy Drive  
Venice, FL 34292

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

The name and street address of the registered agent are:

Heather W. Sullivan  
2800 Kennedy Drive  
Venice, FL 34292

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.

  
Heather W. Sullivan

This instrument prepared by:  
Brik R. Lieberman, Esq.  
P. O. Box 1767  
Venice, FL 34284-1767  
941-485-1571  
FL Bar #393053

**ARTICLE IV - Managers or Managing Member(s):**

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

MGRMS

**Name and Address:**

Heather W. Sullivan  
William Gipp  
2800 Kennedy Drive  
Venice, FL 34292

FILED

2005 APR 22 A 10: 07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REQUIRED SIGNATURE:**

Heather Sullivan  
Signature of a member

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

Heather W. Sullivan

Typed or Printed Name of Signee

This instrument prepared by:  
Erik R. Lieberman, Esq.  
P. O. Box 1767  
Venice, FL 34284-1767  
941-485-1571  
FL Bar #393053