# L09000105565

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	E
(Document Number)	• .
Certified Copies Certificates of Status	ote iş
Special Instructions to Filing Officer:	
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FFECTIVE DATE 11 09

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

B. KOHR NOV 3 2009

**EXAMINER** 

# **COVER LETTER**

	on Section f Corporations		•
SUBJECT:	South Ta	mpa Dog Walkin	ig LLC
	Name of Limit	ed Liability Company	,
The enclosed Articl	les of Organization and fee(s) are	submitted for filing.	EFFECTIVE DATE 11 11
Please return all cor	rrespondence concerning this mat	ter to the following:	' ' (
	Day	/al Santosuosso	109 MOV - 2 MARS
		Name of Person	2
	South Tar	mpa Dog Walking L	LC
		Firm/Company	<b>1</b>
	330	2 W Santiago St	
	<del></del>	Address	
	Ta	mpa, FL 33629	
		ty/State and Zip Code	
	E-mail address: (to be used	·	fication)
For further informa	tion concerning this matter, pleas	e call:	
	val Santosuosso	at ( 813 ) Area Code & Day	839-9642
N	lame of Person	Area Code & Day	ytime Telephone Number
Enclosed is a chec	ck for the following amount:		
\$125.00 Filing F	cee \$\int\\$130.00 \text{ Filing Fee & Certificate of Status}	\$155.00 Filing Fee Certified Copy (additional copy is end	Certificate of Status &
•	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Registration Sec Division of Cor Clifton Buildin 2661 Executive Tallahassee, FI	ction rporations g e Center Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam	e: nited Liability Company	ı is:	S MON-5
The name of the En		. 15,	4
	South Tampa D		
(Mus	st end with the words "Limited I	iability Company," "L.L.C.," o	or "LLC.")
ARTICLE II - Add The mailing address		e principal office of the	Limited Liability Company
Principal Office A	ddress:	Mailing Address	<u>i</u>
3302 W Santiago Tampa, FL 33629		Same	
(The Limited Liability Conbusiness entity with an ac	mpany cannot serve as its own Fetive Florida registration.)	Registered Agent. You must des	red Agent's Signature: ignate an individual or another
The name and the F	lorida street address of t	he registered agent are:	
	Dayal S	antosuosso	
	N	ame	
	3302 W	Santiago St	
•		P.O. Box NOT acceptable)	
	Tam	pa, FL 33629	·
	City, Sta	te, 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..

Dayal Santowolsó
Registered Agent's Signature (REQUIRED)

(CONTINUED)

### Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing	Name and Address:  Member
MGR	Dayal Santosuosso 3302 W Santiago St Tampa, FL 33629
(Use attachment if nec	essary)
	other than the date of filing: November 1, 2009 (OPTIONAL) e date must be specific and cannot be more than five business days prioriling.)
<u>REQUIRED</u> SIGNA	URE:
Sign	Deutal Sauto 10330 ture of a member or an authorized representative of a member.
of th	cordance with section 608.408(3), Florida Statutes, the execution s document constitutes an affirmation under the penalties of perjury are facts stated herein are true.)
Filing Fees:	Dayal Santosuosso  Typed or printed name of signee
	Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)