

**L10000042048**

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(Requestor's Name)

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(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



**200174862812**

04/08/10--01017--022 \*\*160.00

FILED  
2010 APR 19 PM 3:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**  
APR 20 2010  
**EXAMINER**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 9, 2010

JOSEPH DORSEY  
PAW'S & CLAW'S PET TRANSPORT, LLC  
210 N. PALOMINO ST.  
CLEWISTON, FL 33440

SUBJECT: PAW'S & CLAW'S PET TRANSPORT, LLC  
Ref. Number: W10000017456

We have received your document for PAW'S & CLAW'S PET TRANSPORT, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

The document must be signed by a member or an authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 610A00008770

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: PAW'S & CLAW'S PET TRANSPORT, 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:

JOSEPH DORSEY

Name of Person

PAW'S & CLAW'S PET TRANSPORT, LLC

Firm/Company

210 NORTH PALOMINO ST.

Address

CLEWISTON, FL. 33440

City/State and Zip Code

joeydors@aol.com

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

For further information concerning this matter, please call:

JOSEPH DORSEY

Name of Person

at ( 954 ) 632-6577

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|---|---|--|

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

PAW'S & CLAW'S PET TRANSPORT, LLC

(Must end with 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:

210 NORTH PALOMINO ST.  
CLEWISTON, FL. 33440

### Mailing Address:

210 NORTH PALOMINO ST.  
CLEWISTON, FL. 33440

## 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:

JOSEPH DORSEY

Name

210 NORTH PALOMINO ST.

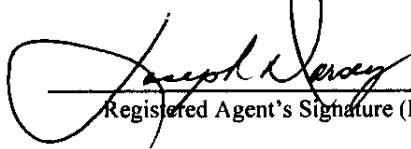
Florida street address (P.O. Box **NOT** acceptable)

CLEWISTON, FL. 33440 FL

City, State, and Zip

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*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 (REQUIRED)

(CONTINUED)

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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:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR. \_\_\_\_\_

JOSEPH DORSEY

210 NORTH PALOMINO ST.

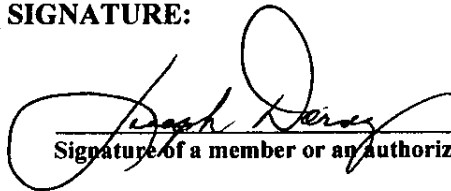
CLEWISTON, FL. 33440

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



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.)

JOSEPH DORSEY

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)