

L10000057187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

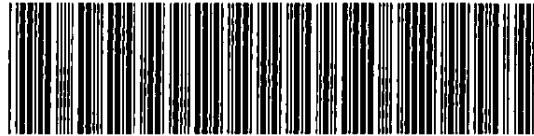
(Document Number)

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Special Instructions to Filing Officer:

WI-23750

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05/13/10--01005--010 \*\*130.00

FILED  
10 MAY 26 PM 12:29  
TALLAHASSEE, FLORIDA

D. BRUCE

MAY 27 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 14, 2010

PHILIP TRETTER  
1342 SLEEPY HOLLOW COURT  
DUNEDIN, FL 34698

SUBJECT: ZOOBEEDOOS NAME ART OF FLORIDA LLC  
Ref. Number: W10000023750

FILED  
10 MAY 26 PM 12:29  
DIVISION OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for ZOOBEEDOOS NAME ART OF FLORIDA LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

Please return 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) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 610A00012290

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ZOUBEEDOOS NAME ART OF FLORIDA 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:

PHILIP TRETTER

Name of Person

ZOUBEEDOOS NAME ART

Firm/Company

1342 SLEEPY HOLLOW COURT

Address

DUNEDIN, FLORIDA 34698

City/State and Zip Code

PHILCYDT@MSN.COM

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

For further information concerning this matter, please call:

PHILIP TRETTER

Name of Person

at ( 727 )

455-4855

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

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

FILED  
10 MAY 26 PM 4:29  
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

ZOOBEEDOOS NAME ART OF FLORIDA 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:

1342 SLEEPY HOLLOW COURT

DUNEDIN, FLORIDA

34698

#### Mailing Address:

1342 SLEEPY HOLLOW COURT

DUNEDIN, FLORIDA

34698

### 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:

PHILIP TRETTTER

Name

1342 SLEEPY HOLLOW COURT

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

DUNEDIN

FL 34698

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 (REQUIRED)

(CONTINUED)

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10 MAY 26 PM 2:29  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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 Member

**Name and Address:**

MGR

PHILIP TRETTER

1342 SLEEPY HOLLOW COURT

DUNEDIN, FL. 34698

MGR

THOMAS BANNISTER

8112 PEA TREE COURT

NEW PORT RICHEY FL. 34655

MGRM

CYDNIE TRETTER

1342 SLEEPY HOLLOW COURT

DUNEDIN, FL. 34698

MGRM

JANET BANNISTER

8112 PEA TREE COURT

NEW PORT RICHEY FL. 34655

(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.)

PHILIP TRETTER

Typed or printed name of signee

FILED  
10 MAY 26 PM 1:29  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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)**