Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

(((H13000023109 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) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 ± (305)552-5973 : (305)220-1440 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address piease.

Email Address:

FLORIDA LIMITED LIABILITY CO.

OSMAN MOBILE PET GROOMING LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

JAN 3 1 2013

T. HAMPTON

1/30/2013 11:25 AM

H13000023109

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A STATE OF ON ON ON ON PLON POR PLON	ONY THEM THE COMMENT
ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Must end with the words "Limited Liability Company, the abbreviation	Grooming LLC.
ARTICLE II - Address:	
The mailing address and street address of the principal	al office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
13341 Swy6 Ln	13341 Su 46Ln
- Main 10: 33115	miami LC 33115
ARTICLE III - Registered Agent, Registered Offi (To Limited Liability Company cannot serve as its own Registered A bisiness entity with an active Florida registration.)	ce, & Registered Agent's Signature; gent You mun designate an individual or enother
The name and the Florida street address of the registe	ered agentare:
Osman S	solis
Ner	nc .
<u>13346 Sw</u>	
Florida street address (P.O	. Box NOT acceptable)
<u> </u>	FL 3317 <u>5</u>
City, State	

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)

Page 1 of 2

H13000023109

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: 'MGR" = Manager 'MGRM" = Managing Member DSMAN (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: an antiorized representative of a member. Signature of a member (In accordance with section 608,408(3), Plorida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Page 2 of 2

SOUS Typed or printed name of signes