

#L13000028571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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FILED
13 FEB 22 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
FEB 25 2013

SUBJECT: Pet Rescue Review LLC.

Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christina Smith-Wood

Name of Person

Pet Rescue Review LLC.

Firm/Company

1007 N Federal HWY #277

Address

Fort Lauderdale, FL 33304

City/State and Zip Code

petrescuereview@gmail.com

Do not check this box if used for future annual report/notification

For further information concerning this matter, please call:

Christina Smith-Wood

561

703-7860

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certificate of Status
(Additional copy is enclosed)

☐ \$160.00 Filing Fee
Certificate of Status
Certificate of Copy
(Additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 327
Tallahassee, FL 32311

Street/Courier Address:

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Pet Rescue Review LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

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ARTICLE II - Address:

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

Principal Office Address:

Pet Rescue Review LLC

1007 N Federal HWY #277

Fort Lauderdale, FL 33304

Mailing Address:

Pet Rescue Review LLC

1007 N Federal HWY #277

Fort Lauderdale, FL 33304

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:

Eric P. Wood

Name

31 NE 20th Ave Apt. A

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

Pompano Beach

FL

33060

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)

"MGRM" = Managing Member

"MGRM" = Managing Member

MGRM

David M Crane

10101 S 1st Street apt 620

Austin, TX, 76748

(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 day 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(4), Florida Statute, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in §917.155, F.S.)

Christina Smith-Wood

Typed or printed name of signer

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)