

L140000120867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

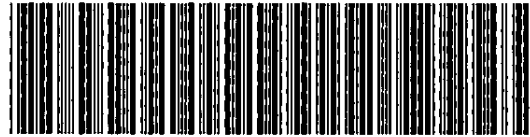
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status ☒

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07/21/14--01032--006 **130.00

EFFECTIVE DATE

7-15-14

OFFICE OF STATE
TALLAHASSEE, FLORIDA

14 JUL 21 PM 1:45

FILED

AUG - 1 2014

T. BROWN

PAWS N CLAWS ESCORT SERVICES 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:

NANCY B RYGEL
Name of Person

PAWS N CLAWS ESCORT SERVICES LLC.
Firm/Company

103 BAREFOOT WILLIAMS ROAD
Address

NAPLES FL 34113
City/State and Zip Code

NRYGEL@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NANCY RYGEL at (239) 244-7127
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 & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 21, 2014

NANCY B RYDEL
103 BAREFOOT WILLIAMS RD
NAPLES, FL 34113

SUBJECT: PAWS N CLAWS ESCORT SERVICES LLC.
Ref. Number: W14000044665

We have received your document for PAWS N CLAWS ESCORT SERVICES 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 be signed by a member or an authorized representative of a member.

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) 245-6051.

Teresa Brown
Regulatory Specialist II

Letter Number: 114A00015623

EFFECTIVE DATE

7-15-14

FILED
14 JUL 21 PM 1:45
TALLAHASSEE, FLORIDA

The name of the Limited Liability Company is:

PAWS N CLAWS ESCORT SERVICES LLC.

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

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

NANCY B RYDEL

103 BAREFOOT WILLIAMS RD

NAPLES FL
34113

(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:

NANCY B RYDEL
Name

103 BAREFOOT WILLIAMS ROAD

Florida street address (P.O. Box ___ acceptable)

NAPLES FL 34113
City Zip

Nancy B Rygel

Registered Agent's Signature (REQUIRED)

The name and address of each person authorized to manage and control the Limited Liability Company:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

NANCY B Rygel
103 Barefoot Williams Road
Naples FL 34113

Nancy B Rygel

(Use attachment if necessary)

Effective date, if other than the date of filing: July 15, 2014 (OPTIONAL)

Other provisions, if any.

Nancy B Rygel

(In accordance with section 605.0203 (1) (b), Florida Statutes, 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 s.817.155, F.S.)

Nancy B Rygel

Typed or printed name of signee