

L17000003982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

P15000062760 was
filed in error.
Articles of Incorp. w/
LLC in name (F)

Office Use Only



800292670048

11/29/16--01004--005 **46.25

07/27/15--60048--018 **76.58

2018 NOV 29 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

2016 NOV 29 PM 12: 20

TO: Registration Section
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Tailwagger Pet Door, 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:

BART AINTZ

Name of Person

Tailwagger Pet Doors LLC

Firm/Company

4208 Edgewood Dr.

Address

Holiday, FL 34691

City/State and Zip Code

info@tailwaggerpetdoors.com

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

For further information concerning this matter, please call:

BART AINTZ

Name of Person

at

(727)

Area Code

225 4332

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)

Mailing Address

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

Street Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY FILED

ARTICLE I - Name:

2016 NOV 29 PM 12:20

The name of the Limited Liability Company is:

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

4208 Edgewood Dr
Holiday FL 34691

- SAME -

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:

Wendy Perry Wendy Perry
Name
4208 Edgewood Dr.
Florida street address (P.O. Box **NOT** acceptable)
Holiday FL 34691
City State 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 605, F.S..

Wendy Perry
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address: DEPT. OF STATE
TALLAHASSEE, FLORIDA

BART ARNTZ
4208 Edgewood Dr.
Holiday FL 34691
Wendy J. Perry
4208 Edgewood Dr.
Holiday FL 34691

(Use attachment if necessary)

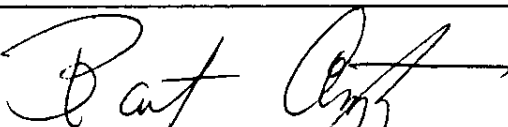
ARTICLE V: Effective date, if other than the date of filing: 11-1-16 (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

BART ARNTZ

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)