

L18 000 041 622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

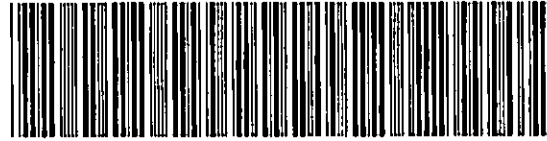
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D O'KEEFE

FEB 19 2018

W18-14405



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 13, 2018

CAPE CORAL TAX & ACCOUNTING SERVICES, LLC
3306 DEL PRADO BLVD. SOUTH
CAPE CORAL, FL 33904

SUBJECT: GUARDIAN CANINE SERVICES, LLC
Ref. Number: W18000014405

We have received your document for GUARDIAN CANINE SERVICES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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) 245-6052.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 418A00003060

COVER LETTER

to: Registration Section
Division of Corporations

SUBJECT: Guardian Canine 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:

Bill ANTAR CPA
Name of Person

Cape Coral Tax &
Accounting Services, LLC,
3306 Del Prado Blvd. South
Cape Coral, FL 33904

City/State and Zip Code
billantar@capetaxes.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bill ANTAR CPA at (239) 540-7500
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)

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GUARDIAN CANINE SERVICES, LLC
PO BOX 151124
CAPE CORAL, FL 33915

ARTICLE II - Address:

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

GUARDIAN CANINE SERVICES, LLC
1030 SE 9TH AVE
CAPE CORAL, FL 33990

Principal Office Mailing Address:

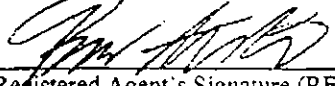
PO BOX 151124
CAPE CORAL, FL 33915

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's
Signature:**

The name and the Florida street address of the registered agent are:

BILL ANTAR, CPA
CAPE CORAL TAX & ACCOUNTING SERVICES, LLC
3306 DEL PRADO BLVD. S.
CAPE CORAL, FL 33904

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..

 CPA

Registered Agent's Signature (REQUIRED)

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TALLAHASSEE, FLORIDA

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Page 1 of 2.

ARTICLE IV- Manager(s) or Managing Member(s):

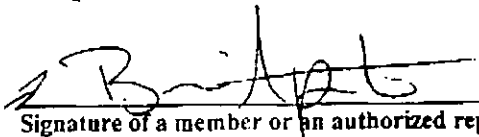
The name and address of each Manager or Managing Member is as follows:

BRIAN APONTE
(Managing Member)
PO BOX 151124
CAPE CORAL, FL 33915

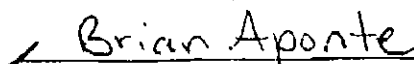
ARTICLE V: Effective date, if other than the date of filing:

This LLC shall have perpetual existence, commencing upon the date of filing of these articles with the Florida Department of State.

REQUIRED SIGNATURE:

 x 2/16/18
Signature of a member or an authorized representative of a member.

(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.)


Typed or printed name of signee