

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.

(((H19000133166 3)))



H190001331663ABC/

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)617-6381

From:

Account Name : FASTKIT CORP Account Number : I20100000009 Phone : (305)599-0839 Fax Number : (305)592-9591

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

Email:	Address:			
FWGJT	Address:			

FLORIDA LIMITED LIABILITY CO. PATAS HOUSE PET SERVICES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLE I - Name:

The name of the Limited Liability Company is:

PATAS HOUSE PET SERVICES, LLC

ARTICLE II - Address:

All Harris

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

9765 SW 84⁷⁸ ST MLAMI, FL 33173

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

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

CAMILA GARZON SICARD 9765 SP 84TH ST MIAMI, FL 33173

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place dissignated 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 ubligations of my position as registered agent as provider for in Chapter 605, F.S.

Registered Agent's Signature

The Limited Liability Company is to be managed by one manager or more managers and

ARTICLE IV - Management (Chock box if applicable.)

ia,	therefore, a manager - managed company.						
• •	(An additional article must be added if an effective date is requested)						
	Signature of a member or an authorized representative of a member.						
	(In accordance with section 605, 0203 Florida Smittles, the execution of this document constitutes an afformation under the penalties of perjury that the facts stated berein are true.)						
	CAMILA GARZON SICARD						
	Typod or printed name of signee						

SECRETARY OF STATE

2010 VB 23 VH 10: 21

ARTICLE V - Member(s) & Managing Member(s)

The name(s) and address(s) of the initial member(s) of the Company is/are:

NAME	ADDRESS	TITLE
CAMILA GARZON SICARD	9765 SW 84 TH ST	MBR
LUIS OSORIO	MIAMI, FL 33173 9765 SW 84 TH ST	MBR
· · · · · · · · · · · · · · · · · · ·	MIAMI, PL 33173	

IN WITNESS WHEREOF, the undersigned member(s) has/bave made and subscribed these Articles of Organization at LESTER BARRERAS, C.P.A., P.A. 1987

N.W. 88 CT., STE. 201 MIAMI, FL 33172 for the foregoing uses and purposes this

day of + PRI 20 19

CAMILA GARZON SICARD, MANAGER MEMBER