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| (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: |                         |                          |             |
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Office Use Only



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SECRETARY OF TRAFF.

N CULLIGAN

## COVER LETTER

| то:       | New Filing Section<br>Division of Corporations  |  |
|-----------|---|--|
| CIIDI     | Pawtitas Lindas, LLC  |  |
| SUBJI     |   | of Limited Liability Company   |
| The en    | sclosed Articles of Organization and fee  | (s) are submitted for filing.  |
| Please    | return all correspondence concerning the  | nis matter to the following:   |
|           | Carolina G. Muller  |  |
|           |   | Name of Person   |
|           |   |  |
|           |   | Firm/Company   |
|           | 2367 Sabastian Street   |  |
|           | <del></del>   | Address  |
|           | Mount Dora, Florida 32757   |  |
|           | k.c.muller@me.com   | City/State and Zip Code  |
|           | <del>-</del>  | used for future annual report notification)  |
| For furtl | ner information concerning this matter,   | please call:   |
|           | Charli Muller   | 954 809-1249   |
|           | Name of Person  | Area Code Daytime Telephone Number   |
| Englos    | ed is a check for the following amount:   |  |
|           | 90 Filing Fee \$\sum_{\text{S130.00}} \text{Filing Fee} \text{Certificate of State}             | & \$155.00 Filing Fee & \$160.00 Filing Fee,   |
|           | 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



April 30, 2019

CAROLINA G. MULLER 2367 SABASTIAN STREET MOUNT DORA, FL 32757

SUBJECT: PAWTITAS LINDAS, LLC

Ref. Number: W19000042037

We have received your document for PAWTITAS LINDAS, 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):

A corporation may not serve as its own registered agent. Please designate an individual or another active entity filed or registered with this office, having a Florida street address.

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.

Neysa Culligan Regulatory Specialist II

> <u>1.</u> .

Letter Number: 319A00008593

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Pawtitas Linda   |  |   |  | _                                |
|--|--|---|--|----------------------------------|
| (Mus   | st contain the words "Limited  | Liability Com   | pany, "L.L.C" or "LLC.")   | _                                |
| ARTICLE II - Address:<br>The mailing address and st  | treet address of the principal o   | ffice of the Li   | mited Liability Company is:  |                                  |
| <u>P</u> 1   | Principal Office Address:  |   | Mailing Address:   |                                  |
| 2367 Sabastian   | Street, Mount Dora FL 32757  | <u>;                                    </u>  | 2367 Sabastian Street, Mount Dora FL 3275  | ä                                |
| <del></del>  |  |   |  | _                                |
|  | · <del></del>  |   |  | -                                |
| ARTICLE III - Registere  | ed Agent, Registered Office,   | & Registered  | Agent's Signature:   |                                  |
| another business entity wi   | th an active Florida registratio   | n )   | gent. You must designate an individual or  |                                  |
| •  |  |   |  |                                  |
|  |  |   |  |                                  |
| The name and the Florida   | street address of the registered   |   | 70   | · =                              |
| The name and the Florida   | •  |   | TALL   | 19 H                             |
| The name and the Florida   | street address of the registered   |   | TALLAH   | 19 HAY                           |
| The name and the Florida   | Carolina Muller  | agent are:  | TALLAHAS   | 19 HAY 13                        |
| The name and the Florida   | Carolina Muller  2367 Sabastian Street   | agent are:  | TALLAHASSET  | 19 MAY 13 A                      |
| The name and the Florida   | Carolina Muller  | agent are:  | OT acceptable)   | 19 HAY 13 AM                     |
| The name and the Florida   | Carolina Muller  2367 Sabastian Street   | agent are:  | OT acceptable)   | 19 MAY 13 AM 8:                  |
| The name and the Florida   | Carolina Muller  2367 Sabastian Street Florida street address  | Name  (P.O. Box No.   | <u></u>  |                                  |
|  | Carolina Muller  2367 Sabastian Street Florida street address  Mount Dora  City  | Name S (P.O. Box No. FL. State  | 32757 OR Zip   | 8: <b>18</b>                     |
| laving been named as regis   | Carolina Muller  2367 Sabastian Street Florida street address  Mount Dora City  tered agent and to accept servi                                  | Name  S (P.O. Box No. 1)  FL  State  ce of process for  | 32757 Zip  For the above stated limited liability company of   | 8: <b>18</b>                     |
| laving been named as regis<br>lace designated in this certi<br>arther agree to comply with | Carolina Muller  2367 Sabastian Street Florida street address  Mount Dora City  tered agent and to accept servi ficate, I hereby accept the appo | Name  S (P.O. Box No. 18)  FL.  State  ce of process for intment as regulating to the polarity. | 32757  Zip  or the above stated limited liability company of a state of the company of the complete performance of the complete performanc | 8: <b>18</b> Shift whe           |
| laving been named as regis<br>lace designated in this certi<br>urther agree to comply with | Carolina Muller  2367 Sabastian Street Florida street address  Mount Dora City  tered agent and to accept servi ficate, I hereby accept the appo | Name  S (P.O. Box No. 18)  FL.  State  ce of process for intment as regulating to the polarity. | 32757  Zip  Pror the above stated limited liability company of a state of the company of the com | 8: <b>18</b> 3:131 E. at the 1.7 |
| laving been named as regis<br>lace designated in this certi<br>orther agree to comply with | Carolina Muller  2367 Sabastian Street Florida street address  Mount Dora City  tered agent and to accept servi ficate, I hereby accept the appo | Name  S (P.O. Box No. 18)  FL.  State  ce of process for intment as regulating to the polarity. | 32757  Zip  or the above stated limited liability company of a state of the company of the complete performance of the complete performanc | 8: <b>18</b>                     |
| laving been named as regis<br>lace designated in this certi<br>urther agree to comply with | Carolina Muller  2367 Sabastian Street Florida street address  Mount Dora City  tered agent and to accept servi ficate, I hereby accept the appo | Name  S (P.O. Box No. 18)  FL.  State  ce of process for intment as regulating to the polarity. | 32757  Zip  or the above stated limited liability company of a state of the company of the complete performance of the complete performanc | 8: 18<br>3: ATE at the<br>5: A   |

(CONTINUED)

|   | Title: "AMBR" = Authorized   | Member  | Name and Address:  |             |
|---|--|---|--|-------------|
|   | "MGR" = Manager  |   | Carolina G. Muller: 2367 Sabastian Street  |             |
|   | MGR  | -   | Mount Dora, FL 32757   | -           |
|   |  | ,   |  | -           |
|   |  |   |  |             |
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|   | -  | •   |  |             |
|   |  |   | <u> </u>   | 89          |
|   | (Use attachment if nece  | ccary)  | B. Carlotte  | ; 68        |
|   | (Ose attachment if fiece   | • ,   | T .  |             |
|   |  |   | (OPTIONAL)   |             |
| RTICL   | EV: Effective date, if o   | ther than the date of filing:   | (OPTIONAL)   |             |
| f an eff  | ective date is listed, the   | date must be specific and   | d cannot be more than five business days prior to or 9   | 0 days afte |
| f an eff<br>e date                                    | ective date is listed, the of filing.)   | date must be specific and   | d cannot be more than five business days prior to or 9   |             |
| f an eff<br>e date<br><u>lote:</u> Ti                 | ective date is listed, the<br>of filing.)<br>The date inserted in this   | date must be specific and   | d cannot be more than five business days prior to or 9 applicable statutory filing requirements, this date will no           |             |
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Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Santa (Co.)

Carolina G. Muller

Typed or printed name of signee

\$ 5.00 Certificate of Status (Optional)