

Division of Corporations

L19000286148<http://efile.statebiz.com/scripts/efilcovr.exe>

**Florida Department of State
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.

(((H19000345614 3)))



H190003456143ABC0

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 : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (516)935-3088

SECRETARY OF STATE
JANAHASSEE, FLORIDA

2019 DEC -5 PM 1:26

FILED

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

Email Address: SHARIDVOOR@GMAIL.COM

**FLORIDA LIMITED LIABILITY CO.
Sharidvoor LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

T. BURCH

DEC 5 2019

850-617-6381

12/5/2019 11:43:50 AM PAGE 1/001 Fax Server



December 5, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HUBCO

SUBJECT: PETSPALS LLC
REF: W19000104242

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

If you have any further questions concerning your document, please call (850) 245-6052.

Carlos E Rico
Regulatory Specialist II
New Filing Section

FAX Aud. #: H19000345614
Letter Number: 019A00024637

Resubmit

H19000345614 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Sharidvoor LLC

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

ARTICLE II - Address:

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

Principal Office Address:**Mailing Address:**148 SOUTH BAHAMA
MARCO ISLAND, FLORIDA 34145148 SOUTH BAHAMA
MARCO ISLAND, FLORIDA 34145**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:

SHARI DVOOR

Name

148 SOUTH BAHAMAFlorida street address (P.O. Box **NOT** acceptable)MARCO ISLAND

City

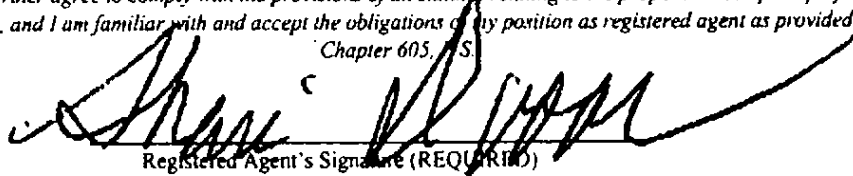
FL 34145

Zip

2019 DEC -5 PM 1:28
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.



Registered Agent's Signature (REQUIRED)

SHARI DVOOR

(CONTINUED)

Page 1 of 2

H19000345614 3

H19000345614 3

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR**Name and Address:**SHARI DVOOR148 SOUTH BAHAMAMARCO ISLAND, FLORIDA 34145SECRETARY OF STATE
TALLAHASSEE, FLORIDA

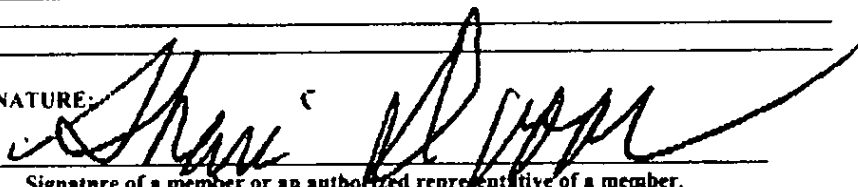
2019 DEC -5 PM 1:28

FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

ARTICLE VI: Other provisions, if any.**REQUIRED SIGNATURE:**

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.)

SHARI DVOOR

Typed or printed name of signer

H19000345614 3