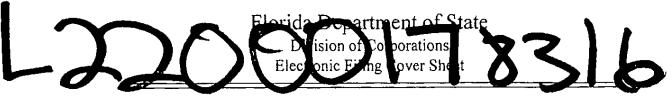
Division of Corporations

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https://efile.sunbiz.org/scripts/efilcovr.exe



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.

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : DAVID C. HASTINGS, CPA, PA

Account Number : I20000000168
Phone : (727)322-0909
Fax Number : (727)610-8595

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

Email Address: HARRISON, PACHEL 19720 QMAIL COM

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FLORIDA LIMITED LIABILITY CO. OPERA PUPPY PRODUCTIONS OF ST PETE, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

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H22000 155 6083

ARTICLES OF ORGANIZATION FOR FLOI	RIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Company is:	
OPERA PUPPY PRODUCTIONS OF ST PETE,	,LLC
(Must contain the words "Limited Liabi	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal office Principal Office Address:	e of the Limited Liability Company is: Mailing Address:
Principal Office Address:	Mailing Address:
Principal Office Address: 1712 47TH AVE N	Mailing Address:
Principal Office Address: 1712 47TH AVE N ST PETERSBURG, FL 33714	Mailing Address: SAME
1712 47TH AVE N ST PETERSBURG, FL 33714 ARTICLE III - Registered Agent, Registered Office, & R (The Limited Liability Company cannot serve as its own Reg	Mailing Address: SAME Registered Agent's Signature:
Principal Office Address: 1712 47TH AVE N ST PETERSBURG, FL 33714 ARTICLE III - Registered Agent, Registered Office, & R	Mailing Address: SAME Registered Agent's Signature:

From: +17276108595 (David C Hastings CPA)

City	State	Zip
GULFPORT	FL	33707
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
2207 54TH ST S		
	Name	
DAVID C HASTIN	GS, CPA	

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..

(CONTINUED)

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■ 3 of 3

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ARTICLE IV-

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

From: +17276108595 (David C Hastings CPA)

"MGR" = Manager MUK T77247TH AVEN STPETERSBURG, FL 33774 MUK JAYE SHELDUN T77247TH AVEN STPETERSBURG, FL 33774 (OPTIONAL) In officitive date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after ree date of filing. Intelligible of a member of a member of state is records. RTICLE 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 a S17.135, F.S. CACHEL HARLUNA Typed or printed name of signee Filing Feess: \$ 30.00 Certified Copy (Optional) \$ 5.00 Certified Copy (Optional)	Title:	Name and Address:	
MUK RACHEL HARKISUN THETERSBUKG, FL 33/14 MUK JAYES SHELDUN THETERSBUKG, FL 33/14 MUK JAYES SHELDUN THETERSBUKG, FL 33/14 RECULTE V: Effective date, if other than the date of filing: 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.) Idea of filing.) Idea is received date on this block does not meet the applicable statutory filing requirements, this date will not be listed as net document's effective date on the Department of State's records. RECULTED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.003 (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. RACHEL HARLSON Typed or printed name of signee Filing Fees: \$ 30.00 Certificate of Status (Optional) \$ 5.00 Certificate of Status (Optional)	"AMBR" = Authorized Member		
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(Use attachment if necessary) RTICLE V: Effective date, if other than the date of filing: In a 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 inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ne document's effective date on the Department of State's records. RTICLE 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. RACHEL HARLSON Typed or printed name of signee Filling Fees: \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)			
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