

L22000529621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

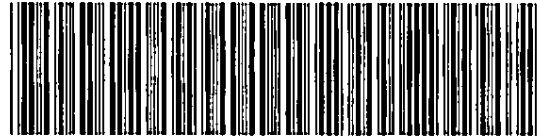
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/15/22--01015--011 **160.00

2022 DEC 15 PM 2:05
FALL RIVER, MA
FALL RIVER, MA

HL

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Love Paws Pet 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:

Alanna Azevedo Hale

Name of Person

Firm/Company

2301 S Congress Ave Apt 1721

Address

Boynton Beach Florida 33426

City/State and Zip Code

ahale0011@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alanna Azevedo Hale 561 302-4336

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|---|--|

Mailing Address
New Filing Section
Division of Corporations

Street Address
New Filing Section Division
The Centre of Tallahassee

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Love Paws Pet Services LLC.

(Must contain 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:

2301 S Congress Ave Apt 1721 Boynton Beach
Florida 33426

Mailing Address:

2301 Congress Ave Apt 1721
Boynton Beach Florida 33426

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:

Alanna Azevedo Hale

Name

2301 S Congress Ave Apt 1721

Florida street address (P.O. Box **NOT** acceptable)

Boynton Beach

Florida

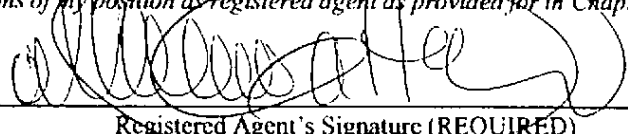
33426

City

State

Zip

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)

(CONTINUED)

FILED
2022 DEC 15 PM 2:06
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Alanna Azevedo Hale

2301 S Congress Ave 1721 Boynton Beach Florida 33426

(Use attachment if necessary)

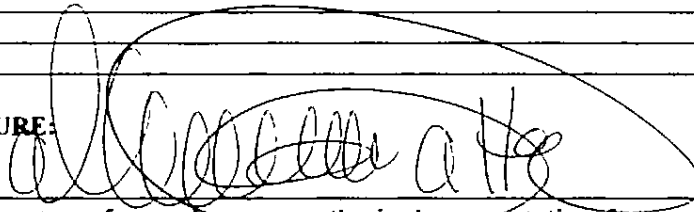
ARTICLE V: Effective date, if other than the date of filing: 01/03/2023 (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE 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.

Alanna A Hale

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

COVER LETTER

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Division of Corporations

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Boynton Beach Florida 33426

City/State and Zip Code

ahale0011@gmail.com

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Alanna Azevedo Hale 561 302-4336
Name of Person at () Area Code Daytime Telephone Number

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|--|---|---|--|
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Certified Copy
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Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|---|--|

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
2023 DEC 15 PM 2:26
TALLAHASSEE, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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Alanna Azevedo Hale

Name

2301 S Congress Ave Apt 1721

Florida street address (P.O. Box **NOT** acceptable)

Boynton Beach

Florida

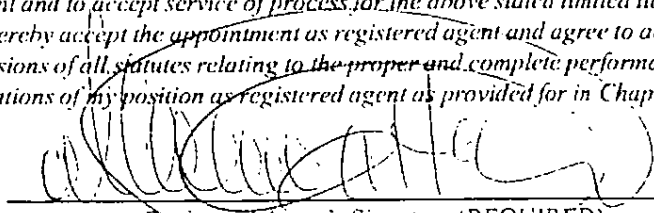
33426

City

State

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Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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Alanna Azevedo Hale

2301 S Congress Ave 1721 Boynton Beach Florida 33426

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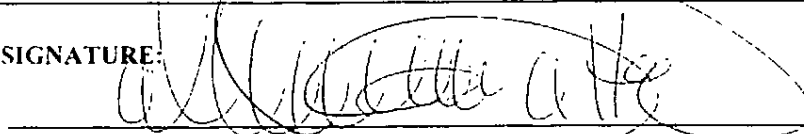
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