# 23000460029

(Re	questor's Name)	<del></del>
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(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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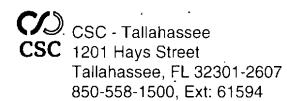
Office Use Only

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S. CHATHAM OCI - 8 2023



To: Department Of State, Division Of Corporations

From: Eyliena Baker

Ext: 61594 Date: 10/06/23 Order #: 1287709-1

Re: South Tampa Specialty & Emergency Pet Care LLC

Processing Method: Routine

## TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$125.0 - FL State Account Number: ricke nan

120000000195

**AUTH** 

Please take the following action: File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

### **COVER LETTER**

	lew Filing Sec Division of Cor					
SUBJECT	South Tam	pa Specialty & En	nergency	Pet Care L	.LC	
Somme	·	Nam	e of Lin	nited Liabil	ty Company	
The enclos	sed Articles of	Organization and (	ec(s) are	submitted	for filing.	
Please retu	ım all correspo	ndence concerning	g this ma	tter to the f	ollowing:	
	Peter H. Tan	ella, Esq.				
				Name of	Person	
	Mandelbaum	Barrett PC				
	-			Firm/Co	mpany	
	3 Becker Far	m Road, Suite 105	;			
				Addr	ess	
	Roseland, No	ew Jersey 07068				
	ptanella@mbl	awfirm.com	С	ity/State an	d Zip Code	
	E	-mail address: (to	be used	for future a	nnual report notificat	ion)
For further i	nformation cor	ncerning this matte	r, please	call:		
	Peter H. Tanc	Ala, Esq.	97 at (		243-7915	
	Name	of Person	Ar	ca Code	Daytime Telephon	e Number
Enclosed is	s a check for th	e following amour	1 <b>l</b> :			
□\$125.00	Filing Fee	□\$130.00 Filing Certificate of St		Certific	5.00 Filing Fee & ed Copy al copy is enclosed)	☐S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		g Address ling Section			Street Address New Filing Section D	ivision

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

The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

South Tampa Specialty	& Emergency Pat C	ora II C		
			pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address	ess of the principal o	ffice of the Li	mited Liability Company is:	
Principal (	Office Address:		Mailing Address	;
2507 W Morrison Aven Tampa, FL 33629	uc	<del></del>	2507 W Morrison Avenue Tampa, FL 33629	
ARTICLE III - Registered Agent. (The Limited Liability Company car another business entity with an active The name and the Florida street add	mot serve as its own ve Florida registration	Registered Agon.)		dual or
<u>(</u>	Corporation Service			
	1201 HAYS STREET	Name		¢.
_	1201 HATS SIREET			
	Florida street addres	s (P.O. Box <u>N</u> 0	OT acceptable)	
_	TALLAHASSEE, FL.	32308		rs Oi
	City	State	Zip	- ,
Having been named as registered ages place designated in this certificate, I h further agree to comply with the provi am familiar with and accept the obliga	ereby accept the appositions of all statutes relations of my position	ointment as reg clating to the p as registered a Assistant	istered agent and agree to act in the oper and complete performance of	his capacity. I f my duties, and i

(CONTINUED)

### ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Mairim Gersholowitz
	2507 W Morrison Avenue Tampa, FL 33629
	ranipa, r b 55027
	· N
	, ,
<del></del>	
	1.
	<b>C'</b> :
	——————————————————————————————————————
(Use attachment if necessary)	(1) (2)
(Ose attachment if necessary)	
ARTICLE V: Effective date, if other than the	e date of filing: (OPTIONAL)
	be specific and cannot be more than five business days prior to or 90 days after
he date of filing.)	
	s not meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Depart	ment of State's records.
DTICLE VI. Od	
ARTICLE VI: Other provisions, if any,	
	- DocuSigned by:
REQUIRED SIGNATURE:	Mairim Gersholowitz
	Mairim Gersholowitz
	<u> </u>
Signature of	🖴 இழுந்தத்து இருந்து iged representative of a member.
	executed in accordance with section 605.0203 (1) (b), Florida Statutes.
	y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
constitutes a time t	action release to provided for its sort relative.
Mairim Ger	
	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)