

3/29/24, 11:37 AM

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Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : GAEL SERVICES CORP
Account Number : I20230000060
Phone : (305)903-7797
Fax Number : (786)615-3110

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

Email Address: dogwalkersmia@gmail.com

FLORIDA LIMITED LIABILITY CO. DOG WALKERS MIAMI LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

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

SUBJECT: Dog Walkers Miami 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:

Miguel Montenegro
Name of Person

Name of Person
Miguel Quintanega

Firm/Company

10540 NW 78th St Apt 523
Address

Donor FL 33178
City/State and Zip Code

E-mail address: (to be used for future annual report notification)
doguwalKersm@a@gmail.com

For further information concerning this matter, please call:

Name of Person _____ at (786) 203 0439
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee & Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

2024 MAR 29 PM 2: 34

ARTICLE I - Name:

The name of the Limited Liability Company is:

Dog Walkers Miami LLC

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

TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

10540 NW 78th St, Apt 523

Doral FL 33178

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:

Miguel Montenegro
Name

10540 NW 78th St Apt 523

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

Doral FL 33178

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.

Miguel Montenegro
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

Miguel Montenegro

10590 NW 78th Apt 523
Doral FL 33178

MGR

Susana Simonelli

10590 NW 78th St, Apt 523
Miami FL 33178

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 3/28/2024 (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:

Miguel Montenegro

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.

Miguel Montenegro

Typed or printed name of signer

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)

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2024 MAR 29 PM 2:34
TALLAHASSEE, FLORIDA