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Florida Department of State Division of Corporations

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Division of Corporations

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From:

: CHISHOLM LAW FIRM, PLLC Account Name

: (407)674-2657 Account Number : I2022000066

: (888)545-5919 Fax Number **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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FLORIDA LIMITED LIABILITY CO.

smartpup, LLC Certificate of Status Certified Copy

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Estimated Charge

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\$125.00

articles of organization of smartpup, LLC a florida limited liability company

In Compliance with Chapter 608, Florida Statutes

ARTICLE I - NAME

The name of the limited liability company shall be:

smartpup, LLC

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address of this limited liability company shall be:

476 RIVERSIDE AVE. JACKSONVILLE, FL 32202

ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE:

The name and Florida street address of the registered agent is:

LEGALINC CORPORATE SERVICES INC. 476 RIVERSIDE AVE. JACKSONVILLE, FL 32202

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..

LEGALINC CORPORATE SERVICES INC.

Date: 4/18/2023

<u>ARTICLE IV - MEMBERS</u>

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

Matthew Krug 476 RIVERSIDE AVE. JACKSONVILLE, FL 32202

ARTICLE V - PURPOSE

The purpose of this limited liability company shall be:

For any and all lawful business

ARTICLE VI - INDEMNIFICATION AND LIMITATION OF LIABILITY

COMPANY SHALL DEFEND, INDEMNIFY & HOLD HARMLESS ALL MEMBERS AGAINST EXPENSES INCURRED FROM ANY CLAIMS. CAUSES OF ACTION, DEMANDS, DAMAGES & LIABILITIES OF COMPANY UNLESS DUE TO MEMBER FRAUD, MISCONDUCT, NEGLIGENCE OR WRONGFUL TAKING.

CERTIFICATION

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. I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true.

I acknowledge that I have read the "Notice of Annual Report" statement and understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this LLC and every year thereafter to maintain "active" status.

