Division of Capr 84 '8' 20, 4904 MOCAFE & RAMAN AUSTI

Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number : (850) 922-4003

From:

Account Name : ARLENE F. AUSTIN, P.A.

Account Number : I20000000066 Phone : (941)514-8211 Fax Number : (941)514-2777 SECRETARY OF STATE

LIMITED LIABILITY COMPANY

Dogmobile, LLC



AL

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION OF DOGMOBILE, LLC A LIMITED LIABILITY COMPANY

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I - Name:

The name of the Limited Liability Company is: DOGMOBILE, LLC.

ARTICLE II - Address:

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

3641 Artic Circle Naples, FL 34112

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV — Management:

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing members is:

Robert Einstein 3641 Artic Circle Naples, FL 34112

ARTICLE V — Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be by consent of a majority of the members.

ARTICLE VI - Members' Rights to Continue Business

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be by consent of a majority of the members.

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ARTICLE VII - Effective Date

The term of this company shall be effective on April 1, 2000.

ARTICLE VIII - Resident Agent

The name of the initial registered agent and the Florida street address of the registered agent and office shall be:

Arlene F. Austin 5811 Pelican Bay Blvd., Suite 206A Naples, FL 34108

IN WITNESS WHEREOF, the undersigned has signed these Articles of Organization and acknowledged them to be his act on this _3 day of _______, 2000.

Robert Einstein, Member

State Of Florida County Of Collier

On 3, 2000, Robert Einstein, who is personally known to me [], or produced a driver's license as identification [], personally appeared before me at the time of notarization, and acknowledged signing these Articles Of Organization of Dogmobile, LLC, a Florida Limited Liability Company.

Notary Public: Arlene F. Austin

Commission Expiration Date & Commission Number:

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- The name of the Limited Liability Company is: DOGMOBILE, LLC.
- The name and the Florida street address of the registered agent and registered office are:

Arlene F. Austin 5811 Pelican Bay Blvd., Suite 206A Naples, FL 34108

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.

Arlene F. Austin Registered Agent

State of Florida County of Collier

On April 3, 2000, Arlene F. Austin, designated above as the individual who shall serve as the company's initial registered agent, who is personally known to me [XX], or produced a Florida driver's license as identification, personally appeared before me at the time of notarization, and acknowledged signing these Articles of Organization of Dogmobile, LLC, as resident agent.

Notary Public

Bonnie S. Foster

(Notary Public - Printed Or Typed Name)

Commission Expiration Date & Commission Number:

(SEAL)

Florida Driver's License Identification

