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SECRETARY OF STATE

W6-90133

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: One Lucky Dog Couture 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:	
Howard Weinberg (Name of Person)	
Howard S. Weinberg. P.A.	
(Firm/Company)	
P.O. BOX 546994	
Migmi, FL 33154 ARETA	
(City/State and Zip Code)	ৰ "
For further information concerning this matter, please call:	eres
10~ a o 1 0 0 0 1 per at (15) 125 0 0 0 3	
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \times \text{\$130.00 Filing Fee & Certified Copy (additional copy is enclosed)} \ \ \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \ \ \ \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Mailing Address Street/Courier Address Basistation Section Basistation Section	

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or	<u>.</u>
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liabil	lity Company is:
Principal Office Address: 160 103rd St. #26 160 103rd St. #26 160 103rd St. #26 Bay Harbor ISI Fl. 3315 4 Fl. 33164	ands
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Si (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are: Howard Weibberg 1930 Harrison St. Suite 4	503
Florida street address (P.O. Box NOT acceptable) 1	
Having been named as registered agent and to accept service of process for the about liability company at the place designated in this certificate, I hereby accept the agregistered agent and agree to act in this capacity. I further agree to comply with the statutes relating to the proper and complete performance of my duties, and I am fa accept the obligations of my position as registered agent as provided for in Chap	ppointment as e provisions of all miliar with and
Registered Agent's Signature (REQUIRED)	2006 SEP 14 SECRETARY
(CONTINUED) Page 1 of 2	PH 1: 16 YOF STATE

<u>Title:</u> "MGR" = Man "MGRM" = M	ager anaging Member	Name and Address:	
MGR_		Brenda Barane 1160 103 St. Apt 26 Boy Harbor Islands, F	2K <u>[</u> a.33
MGR		Kothnyn Horberg 1160 103 St. Apt. 20 Bay Harbor, Islands, F	-]a, 33
			- -
(Use attachmer	nt if necessary)		-
LE V: Effectiv	e date, if other than the listed, the date must be date of filing.)	e date of filing: (OPTI be specific and cannot be more than five busines	– ONAL) s days pi
CLE V: Effective ffective date is leading to the days after the	e date, if other than the listed, the date must be date of filing.) SIGNATURE:	e date of filing: (OPTI be specific and cannot be more than five business A Paulul Der or an authorized representative of a member.	– ONAL) s days pi
CLE V: Effective ffective date is leading to the days after the	e date, if other than the listed, the date must be date of filing.) SIGNATURE: Signature of a member of this document constitute the facts stated	Der or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury	2006 SEP 14