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Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

Kimberly K 2949

*PLS file w/
fax audit
H080001963633*

FLORIDA/FOREIGN LIMITED LIABILITY CO.

THE C DOG, LLC

Certificate of Status	1
Certified Copy	1
Page Count	039
Estimated Charge	\$160.00

08 AUG 18 AM 9:17

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DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

give file date of 8/18/08 when it next

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Corporate Filing Menu

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G. MCLEOD G. MCLEOD

Through the first time!
thx,

AUG 21 2008

AUG 21 2008

EXAMINER

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

THE C DOG, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

4515 S.E. Dixie Highway

Smart, Florida 34997

Mailing Address:

Same

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:

Frank C. Walker, Esquire

Name

600 N.E. Third Avenue

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

Fort Lauderdale FL 33304

City, State, and 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 608, F.S..

BY: 

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

JOSEPH M. KIEL, DVM
4515 S.E. DIXIE HIGHWAY
STUART, FLORIDA 34997

MGRM

GAIL M. KIEL, DVM
4515 S.E. DIXIE HIGHWAY
STUART, FLORIDA 34997

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 08/19/2008 (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.)

REQUIRED SIGNATURE:

/s/ Joseph M. Kiel and Gail M. Kiel
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Joseph M. Kiel, DVM and Gail M. Kiel, DVM
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)