## L09000111847

(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ity/State/Zip/Phone #)
PiCK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number) · · · · · · · · ·
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer

A. LUNT

NOV 20 2009

**EXAMINER** 

Office Use Only



800162693028

11/19/09--01020--020 \*\*130.00

## **COVER LETTER**

TO: Registration Division of	on Section Corporations			
SUBJECT:	D	og Blessed Tr	ZININE	LLC
Sebole 1.	Name of Limi	og Blessed Tp		
The enclosed Article	es of Organization and fee(s) are	submitted for filing.		
Please return all corr	respondence concerning this ma	tter to the following:		
		Lisa Hamburg		
		Name of Person		
•		Dog Blessed TV	AINING	220
-		Firm/Company		
	2123 e	ast Atlantic Blvd #2	2	
		Address		SECHE KRY
	Pomp	ano Beach Fl 33062	2	
<del></del> ,	•	ity/State and Zip Code	. ,,,,	0
	labro	odog@comcast.net	_	38 <b>£</b> _
	E-mail address: (to be used	for future annual report noti	ification)	
For further informati	ion concerning this matter, pleas	se call:		
Li	sa Hamburg	at ( 954 )	415813	2
Na	me of Person		ytime Telephone Nur	nber
Enclosed is a checl	k for the following amount:			
\$125.00 Filing Fe	e \$\sqrt{\$130.00}\$ Filing Fee & Certificate of Status	\$155.00 Filing Fee Certified Copy (additional copy is end	Certific	Filing Fee, cate of Status & ed Copy nal copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Registration Sec Division of Co Clifton Buildin 2661 Executive Tallahassee, Fl	ction rporations ig e Center Circle	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Dog Blessed (Must end with the words "Limited Liability	Training LCC y Company," "L.L.C.," of "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2123 East Atlantic Blvd #2 Pompano Beach Fl 33062	2123 East Atlantic Blvd #2 Pompano Beach Fl 33062
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent. You must designate an individual oranother
The name and the Florida street address of the re	gistered agent are:
Lisa Hami	burg 5
. Name	· ·
2123 East Atlan	tic Blve #2
Florida street address (P.O. E	Box NOT acceptable)
Pompano Beach	FL 33062
City, State, and	1 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..

Registered Agent's Signature (REQUIREQ)

(CONTINUED)

## Page 1 of 2

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
Lisa Hamburg MGR	Pompano Beach fl 33062  Pompano Beach fl 33062  SERVER FROM FROM FROM FROM FROM FROM FROM FRO	
(Use attachment if necessary)  CLE V: Effective date, if other than the effective date is listed, the date must days after the date of filing.)	the date of filing: (OPTIONAL  t be specific and cannot be more than five business day	AL) /s p
•		
REQUIRED SIGNATURE:	sa Hamburg	
Signature of a mem	nber or an authorized representative of a-member.  section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of perjury	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)