Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000175120 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE

Account Number : 12000000019

: (305)552-5973

Fax Number

: (305)220-1440

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. BOSS DOGG K-9 PROTECTION SERVICE LLC

Certificate of Status

Certified Copy

1

Page Count

03

Estimated Charge

\$155.00

A. LUNT

AUG - 4 2010

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

3052201440

H10000175120

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatures (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: ANGCLO FULFOCO Name 1780 SW 127 H TEKRACE Florida street address (P.O. Box NOT acceptable)	ARTICLE 1 - Name:	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: Mailin	The name of the Limited Liability Company is:	
The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address Mai	Boss Doga K-9 Protection Service L (Must end with the words "Limited Liability Company, "LLC," or "LLC,")	Lc
The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address Mai	ARTICLE II - Address:	
1780 Sul 127 A Terrace Same Michael Ale Florida ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatures (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: ANGELO FUL FORD. Name 1780 SW 127 A TERRACE Florida street address (P.O. Box NOT acceptable)		9:
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatures. (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: ANGELO FULFOED Name 1780 SW 127 H TERRACE Florida street address (P.O. Box NOT acceptable)	Principal Office Address: Mailing Address:	. •
MILAM ALC, FL BL 33027. City, State, and Zip	ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatures of 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: ANGELO FULFORD Name 1780 SW 127 H TERRACE Florida street address (P.O. Box NOT acceptable)	-3 F

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..



(CONTINUED) Page 1 of 2 H10000175120 3052201440

H10000175120

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
Merm.	Cingelo Ful Ford 1780 SW 127# TECLACE MICAMAGE FIA 33027
	~ ~
	2018 AUG
•	
	w w
	AH 9:
ellere eller erge un <u>eller eller eller eller eller eller elle</u> eller e	55 55
(Use attachment if necessary)	
FICLE V: Effective date if other than t	the date of filing: (OPTIONAL)
n effective date is listed, the date mus	t be specific and cannot be more than five business days prio
r 90 days after the date of filing.) '	

REQUIRED SIGNATURE:

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 parjury that the facts stated herein are true.)

Typed or printed name of signee

Flling Fees:

3125.00 Filing Ree for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

Page 2 of 2