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Certified Copies	Certificate	s of Status
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EFFECTIVE DATE 9-13-11

11 JUN 29 PH 2: 35

B. BOSTICK

JUN 3 0 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Good Time Dog Train		
Name of Limi	ited Liability Company	
The enclosed Articles of Organization and fee(s) are	submitted for filing.	
Please return all correspondence concerning this ma	itter to the following:	
Sabina E. Hardy		
	Name of Person	<u> </u>
Good Time Dog Training		
	Firm/Company	
744 Pine Vale Drive		
	Address	
Naples, FL 34104	Pu	
ci seh1127@embarqmail.com	ity/State and Zip Code	6.2 NUL
	for future annual report notification)	' دم ۔ ک
For further information concerning this matter, pleas	se call:	72 72
Sabina E. Hardy	at (239) 370-1910 ESTA	PH 2: 35
Name of Person	Area Code & Daytime Telephone Number	<i>S</i> 1
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\int \\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	&
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address 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 Comp	pany is:	
Good Time Dog Training,		
(Must end with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Lia	bility Company is:
Principal Office Address:	Mailing Address:	
744 Pine Vale Drive	744 Pine Vale Drive	
Naples, FL 34104	Naples, FL 34104	
ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its consiness entity with an active Florida registration.) The name and the Florida street address	wn Registered Agent. You must designate an individ	fual or another
Sabina E. Hardy		11 JUN 29 PM 2: 35
	Name	
744 Pine Val	le Drive	MHASSEE, F
Florida	street address (P.O. Box NOT acceptable)	750
Naples,	_{FL} 34104	SE 3
	City, State, and Zip	DE UI
Having been named as registered agent	and to accept service of process for the o	shove stated limited

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 (REQUIRED)

(CONTINUED)

Page 1 of 2

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 "MGRM" = Managing Member	Name and Address:		
MGR	Sabina E. Hardy 744 Pine Vale Drive Naples, FL 34104		
		SEUM SEUM	
			o (1)
(Use attachment if necessary)			১ ১ ১ ১ ১

ARTICLE V: Effective date, if other than the date of filing: September 13, 2011 (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:

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Sabina E. Hardy

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)