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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u>.</u>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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SEUREJARY OF STATE

D. BRUCE
MAR 1 5 2012
EXAMINER

COVER LETTER

TO: Registration S Division of Co			
_{surject:} Ameri	can Police Dog L	LC.	
	Name of Limite	ed Liability Company	,
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this matt	ter to the following:	
Edward D) Leisure, Jr.		
45-364-10-346-11-5161-11-5161-11-5161-11-5161-11-5161-11-5161-11-5161-11-5161-11-5161-11-5161-11-5161-11-5161-		Name of Person	
American	Police Dog LLC		
		Firm/Company	•
10271 W	Hwy 40		
		Address	≅ं इं
Ocala/FI 3	34482		See E T
	Cit	y/State and Zip Code	AS
americanpo	licedog@gmail.com		San I
	E-mail address: (to be used t	for future annual report notification)	PH 72: PA
For further information	concerning this matter, please	e call:	OR OR
Edward Leisure		at / 352 \ 601-6410	D.M.
	of Person	Area Code & Daytime Telep	phone Number
	or the following amount:		7
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	L \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations	Street/Courier Address Registration Section Division of Corporations	

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 Co	ompany is:	
American I	Police Dog L	LC.	
(1	Must end with the words "	Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - A	Address:		
The mailing addr	ess and street addre	ss of the principal office of the Limited Liability Co	mpany is:
Principal Office	Address:	Mailing Address:	
10271 W Hwy 40	1	10271 W Hwy 40	
Ocala, FI 34482		Ocala, Fl 34482	
		rand.	. 72
business entity with a	an active Florida registratio	ress of the registered agent are:	THE PHIZE STATE
		Name 2	
	10271 W F	lwy 40 →	
	Flor	rida street address (P.O. Box NOT acceptable)	
	Ocala	_{FL} 34482	
		City, State, and Zip	
liability comp registered agent	pany at the place des and agree to act in t	gent and to accept service of process for the above sta signated in this certificate, I hereby accept the appoint this capacity. I further agree to comply with the provi complete performance of my duties, and I am familiar	tment as isions of all

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Page 1 of 2

(CONTINUED)

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

	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		•
		•
MGR	Edward D. Leisure, Jr.	
	10271 W Hwy 40 Ocala, Fl 34482	
	Ocaia, ri 34462	
		
		
		-
		<u>.</u>
		<u> </u>
		
(Use attachment if necessary) CLE V: Effective date, if other th	an the date of filing: (OP	TIONAL)
CLE V: Effective date, if other th	an the date of filing (OP nust be specific and cannot be more than five busin	
CLE V: Effective date, if other the effective date is listed, the date in days after the date of filing.) REQUIRED SIGNATURE:	nust be specific and cannot be more than five busin	
CLE V: Effective date, if other the effective date is listed, the date in days after the date of filing.) REQUIRED SIGNATURE: Signature of a	nust be specific and cannot be more than five busin	ess days prior
CLE V: Effective date, if other the effective date is listed, the date in days after the date of filing.) REQUIRED SIGNATURE: Signature of a constitutes an affirmation I am aware that any fals	nember or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution of this document number the penalties of perjury that the facts stated herein are information submitted in a document to the Department of St	ess days prior
CLE V: Effective date, if other the effective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE: (In accordance with sect constitutes an affirmation I am aware that any fals constitutes a third degree.)	nember or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)	SEURA JARY
CLE V: Effective date, if other the effective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE: (In accordance with sect constitutes an affirmation I am aware that any fals constitutes a third degree.)	nember or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution of this document number the penalties of perjury that the facts stated herein are information submitted in a document to the Department of St	SEURA JARY DE
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Page 2 of 2

of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)