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(Re	equestor's Name)	
(Address)		
(Ac	Idress)	
(Cir	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

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MAN 28 2019 B. KOHR



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01/25/13--01034--006 **125.00

EFFECTIVE DATE 2 1/2017



WAG WATCHERS 2200 Kings Highway, 3L Suite 48 Port Charlotte, FL 33980

January 23, 2013

Division of Corporations:

I Charles Babins, want to file a LLC in the name of Wag Watchers, LLC.

I have a corporation in the same name, Wag Watchers, Inc, but I am going to let Wag Watchers, Inc expire and not renew.

Thank you,

Charles Babins

President

Wag Watchers, Inc.

FFECTIVE DATE 2

COVER LETTER

TO: Registration S Division of Co		El	FECTIVE DATE 2/1/2	
SUBJECT: Wag	Watchers, LI		- 4H2	
SUBJECT:		ted Liability Company		
The enclosed Articles of	f Organization and fee(s) are	submitted for filing.		
Please return all corresp	oondence concerning this mat	ter to the following:	23	
Charles	s Babins		SET PA	
		Name of Person	المن المن المن المن المن المن المن المن	
			ROFF	
	Firm/Company			
2200 Kings Hwy, 3L Suite 48				
		Address		
Port Charlotte, FL 33980				
<u> </u>		ty/State and Zip Code		
wagwato	chers@gmail.co			
	E-mail address: (to be used	for future annual report notificat	rion)	
For further information	concerning this matter, please	e call;		
Charles Ba	abins	₃₁ 941 \ 661	-0069	
Name	of Person	_ "· \	e Telephone Number	
Enclosed is a check f	or the following amount:			
■\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclose	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration Section	Street/Courier Ad Registration Section		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	1
The name of the Limited Liability Company is:	EFFECTIVE DATE 2 1 201
Wag Watchers, LLC	· 1
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	incipal office of the Limited Liability Company is:
The maning address and street address of the pri	merpar office of the Limited Liability Company is.
Principal Office Address:	Mailing Address:
2200 Kings Huny 21 Suito 48	2200 Kings Hwy, 3L Suite 48
2200 Kings Hwy, 3L Suite 48 Port Charlotte, FL 33980	Port Charlotte, FL 33980
For Chanotte, FL 33900	Fort Chanotte, FL 55560
· · · · · · · · · · · · · · · · · · ·	
	# c
The name and the Florida street address of the re Charles Babins	egistered agent are:
The name and the Florida street address of the re Charles Babins Name	egistered agent are:
Charles Babins Name	egistered agent are: ALCE AHASSEE AHASSEE P
Charles Babins Name 2200 Kings Hwy, 3L Suite 48	AHASSA 25
Charles Babins Name 2200 Kings Hwy, 3L Suite 48	Iress (P.O. Box NOT acceptable)
Charles Babins Name 2200 Kings Hwy, 3L Suite 48 Florida street add Port Charlotte, FL 33980	AHASSEE. T
Charles Babins Name 2200 Kings Hwy, 3L Suite 48 Florida street add Port Charlotte, FL 33980 City, Sta Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity all statutes relating to the proper and complete.	ress (P.O. Box NOT acceptable) FL

(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	Name and Address:
. "MGRM" = Managing Meml	per
MGRM	Charles Babins
	2200 Kings Hwy, 3L Suite 48
	Port Charlotte, FL 33980
·····	
	
	
(Use attachment if necessary)	
	00/04/0042
	than the date of filing: 02/01/2013 (OPTIONAL)
is an effective date is listed, the date of	ate must be specific and cannot be more than five business days
fior to or 90 days after the date of	ining.)
REQUIRED SIGNATURE	:
C D r	
Signature of	a member or an authorized representative of a member.

Charles Babins

Typed or printed name of signee

(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

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)

constitutes a third degree felony as provided for in s.817.155, F.S.)