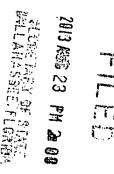
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### **COVER LETTER**

TO: Registration Section Division of Corporations	,
SUBJECT: Dogbreath Holdings, LLC	
Name of Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Richard Boulin	
Name of Person	
Atlantic Automotive Warehouse, Inc.	
Firm/Company	
1231 W. Gore Street	· [14]
Orlando, Florida 32805	NE MAN
City/State and Zip Code	
AAW1231@hotmail.com	
E-mail address: (to be used for future annual report notification)	<b>1 2 3</b>
For further information concerning this matter, please call:	•
Richard Boulin ,,407 353-8800	
Name of Person Area Code & Daytime Telephone Number	<del></del>
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	te of Status &

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	Company is:	
Dogbreath Holdings, LLC	1.41: 1.41: 1.72. C	
(Must end with the wor	rds "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:	•	
The mailing address and street add	dress of the principal office of the Limited Liabilit	y Company is:
Principal Office Address:	Mailing Address:	
516 Cooper Oaks Court	1231 W. Gore St.	
Apopka, FI 32703	Orlando, FI 32805	<del></del>
		<u> </u>
business entity with an active Florida registr	e as its own Registered Agent. You must designate an individual or ration.)  ddress of the registered agent are:	2019 AEG
	Name	23 7
1231 W. Gore St.		3 7
I	Florida street address (P.O. Box <u>NOT</u> acceptable)	
Orlando,	FI 32805 FL	
	City, State, and Zip	
liability company at the place of registered agent and agree to acall statutes relating to the proper and accept the obligations of my	designated in this certificate, I hereby accept the appetential in this certificate, I hereby accept the appetential is capacity. I further agree to comply with the er and complete performance of my duties, and I amposition as registered agent as provided for in Chapta Agent's Signature (REQUIRED)	pointment as e provisions of familiar with
	(CONTINUED)	

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	Richard Boulin	
<del></del>	1231 W. Gore St.	
	Orlando, Fi 32805	ر د ع
	First - C	
<del>.</del>		99
•		
(Use attachment if necessary)		
	· · · · · · · · · · · · · · · · · · ·	
LE V: Effective date, if other than the frective date is listed, the date muture or 90 days after the date of filing.)	ust be specific and cannot be more than five busines	
CLE V: Effective date, if other than the effective date is listed, the date must or 90 days after the date of filing.)  REQUIRED SIGNATURE:	ust be specific and cannot be more than five busines	

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)