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(850) 245-6051.

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

Puppy Page Designs

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:

treath an correspondence concerning this matter to the following.	
Janna S. Fashenpour	
Name of Person	
Firm/Company	
3631 Joslin Way	
Address	
West Melbourne, Florida 32904	
City/State and Zip Code	
dfashenpour@gmail.com	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

David R. Fashenpour

,281

380-2159

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□\$125.00 Filing Fee

□\$130.00 Filing Fee & Certificate of Status

\$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 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:			
Puppy Page Designs, L.L.C.			
(Must end with the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability C	ompan	y is:
Principal Office Address:	Mailing Address:		
3631 Joslin Way, West Melbourne, FL 32904	3631 Joslin Way, West Melbourne, FL 32904		
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Regista business entity with an active Florida registration.) The name and the Florida street address of the re David R. Fashenpour	ered Agent. You must designate an individual or and	other	
Name		NO.	**
3631 JoslinWay	The state of the s	9	en central Le sen E
Florida street add	dress (P.O. Box NOT acceptable)	_6. June	· · · · · · · · · · · · · · · · · · ·
West Melbourne	FL 32904	5	t and
City, Sta	ate, and Zip	<u></u>	* Pagggr
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 capacall statutes relating to the proper and complete and accept the obligations of my position as registered.	his certificate, I hereby accept the appoi ity. I further agree to comply with the pr e performance of my duties, and I am far	ntment ovisior niliar v	as is of vith

(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:

UN ACTOR II NA	Name and Address:	
"MGR" = Manager "MGRM" = Managing Mambar		
"MGRM" = Managing Member		
MGR	David R. Fashenpour	
	3631 Joslin Way	
	West Melbourne, FL 32904	
MGRM	Janna S. Fashenpour	
	3631 Joslin Way	
	West Melbourne, FL 32904	
(Use attachment if necessary)		
•		
(Use attachment if necessary) LE V: Effective date, if other than the	date of filing: November 15, 2013	ΝA
LE V: Effective date, if other than the effective date is listed, the date must	be specific and cannot be more than five busi	NA ines
LE V: Effective date, if other than the effective date is listed, the date must	date of filing: November 15, 2013 . (OPTION be specific and cannot be more than five busing the specific and cannot be considered as the specific as th	NA ines
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CLE V: Effective date, if other than the offective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE:	be specific and cannot be more than five busi	ines
LE V: Effective date, if other than the offective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member	or an authorized representative of a member.	ines 13 HOV -6 A
LE V: Effective date, if other than the offective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member (In accordance with section 608.6	or an authorized representative of a member.	ines
LE V: Effective date, if other than the offective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member (In accordance with section 608.6 constitutes an affirmation under the section 608.6 constitutes are affirmation at a section 608.	or an authorized representative of a member. 408(3), Florida Statutes the execution of this document the penalties of perjury that the facts stated herein are true.	ines 13 HOV -6 A
LE V: Effective date, if other than the offective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member (In accordance with section 608.4 constitutes an affirmation under to 1 am aware that any false information constitutes are the section formation under to 1 am aware that any false information under the section formation under the section under th	or an authorized representative of a member.	ines 13 HOV -6 A
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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)