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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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APR - 4 2013 T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: HAPPY DOGGIE TAILS, 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:
YOLANDA QUINONES Name of Person
Name of Person
Happy Doggie tails, LLC
801 NE 18th Court # 308
Torst bruder dale, Fl 33305 City/State and Zip Code Joyst NA1313 Dyanov. Um E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MolAndA Quinoues at (787) 585 - 6808 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status 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 Company is:	
Huppy Doggie TAILS, CCC (Must end with the words "Limited Liability Company, "L.L.C.," or "	LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Comp	pany is:
Principal Office Address: Mailing Address:	
801 NE 18Th Court # 308 801 NE 18th Court FORT Landerdate, FL 33305 333	at #308
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatures (The Limited Liability Company cannot serve as its own Registered Agent. You must design another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
YU (AndA Qui Nones Name	
Name	
801 NE 18th Cwrt # 308 Florida street address (P.O. Box NOT acceptable)	
Florida street address (P.O. Box NOT acceptable)	
Fort bardedle Ft. 33305	
City Zip	
Having been named as registered agent and to accept service of process for the above stated the place designated in this certificate. I hereby accept the appointment as registered age capacity. I further agree to comply with the provisions of all statutes relating to the proper of my duties, and I am familiar with and accept the obligations of my position as registere Chapter 605, F.S Registored Agent's Signature (REQUIRED)	ent and agree to act in this and complete performance
(CONTINUED)	
Page 1 of 2	201 .sf .tal

FILED
2014 APR -2 AM II: 54
SECRETARY OF 3 DATE

Title: "AMBR" = Authorized M "MGR" = Manager	ember	Name and Address:
MGRM	• • •	Yolarda Quinones
	ζ,	fort knownade, R 33305
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	,	
	• •	
(Use attachment if necessa	•	ing: (OPTIONAL) and cannot be more than five business days prior to or 90
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EV: Effective date, if other ective date is listed, the date if filing.) EVI: Other provisions, if a SignaTule Signa (In accordance we constitutes an af I am aware that	er than the date of file the must be specifically. RE: Lature of a/member vith section 605.020 firmation under the lany false information degree felony as	r or an authorized representative of a member. 33 (1) (b). Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true, on submitted in a document to the Department of State

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