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SECRETARY OF STATE

T. Burch OCT. 22014

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PAWS DOG BAKERY UC 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:
Melanie Webb Name of Person
Paws Dog Bakery Firm/Company
3275 Valernoor Drive
Palm Harbor Florida 34685 City/State and Zip Code
Sales @ Paus do bakery . Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Melanie Webb at (727) 479 7778 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Status S130.00 Filing Fee & Certificate of Status Status Certificate of Status St

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:

Paus Dog Bakery (Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of	
Principal Office Address:	ailing Address:
3275 Valemoor Drive ? Palm Harbor ? Florida 34685	3275 Valemoor Drive Palm Harbor FLORIDA 34685
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Registanther business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent Melanie Name 3275 Valewood Florida street address (P.O. Box NOT) City	L'AHASSER Dûve
Having been named as registered agent and to accept service of the place designated in this certificate, I hereby accept the acapacity. I further agree to comply with the provisions of all of my duties, and I am familiar with and accept the obligation. Chapter 60. Registered Agent's Signature (1)	ppointment as registered agent and agree to act in this statutes relating to the proper and complete performance ons of my position as registered agent as provided for in 5, F.S

(CONTINUED)
Page 1 of 2

<u>litle:</u>	Name and Address:
AMBR" = Authorized Member MGR" = Manager	
MGR	Melanie Webb
•	Palm Harbor Fl. 3468
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Jse attachment if necessary)	NDA STE
V: Effective date, if other than the date of fictive date is listed, the date must be specific	
V: Effective date, if other than the date of fictive date is listed, the date must be specific filing.)	ling: (OPTIONAL)
	ling: (OPTIONAL) c and cannot be more than five business days prior to or 90
V: Effective date, if other than the date of fictive date is listed, the date must be specific filing.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a membe (In accordance with section 605.02 constitutes an affirmation under the	ling:
V: Effective date, if other than the date of fictive date is listed, the date must be specific filing.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a membe (In accordance with section 605.02 constitutes an affirmation under the I am aware that any false information.)	ling: