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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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☐ PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Eiling Officer	
Special instructions to	rining Officer.	
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: AGOOD DOG GOVE PROPERLY LCC 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:
WENDY DORAIS Name of Person
A GOOD Dog Gone Property LLC
1313 SE 2nd terrace
Deerfield Boh Fl 33441 City/State and Zip Code
wendy dorais at ATT = Net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
WENDY DOCALS at 954 806-0442 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 Street/Courier Address

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A 6000	Dog	Gone	Prope	Ay	LLC	•
	(Must endlw	rith the words "I	Limited Liability	Company,	"L.L.C.," or "LL	C.")
ARTICLE II - Add The mailing address		dress of the prin	cipal office of th	he Limited I	Liability Compan	y is:

13 13 se 2nd terr	1313 SC 2nd terr
Dear HELD BCL FI	Dear Held Boh Pl
33 441	33441

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

Mailing Address:

The name and the Florida street address of the registered agent are:

ARTICLE I - Name:

Principal Office Address:

The name of the Limited Liability Company is:

Wendy Lorais

Name

1313 SE 2nd Her

Florida street address (P.O. Box NOT acceptable)

Dev Reld Bch FL 33441

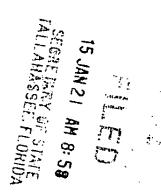
City Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2



Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	San Ciancio 1313 SE 200 Jen Der Held Ban F1 33941
AMBR	POROLD CURTISS POROX SEYS BOTHE (SEP PO
Am BR	Wandy Dorais 1313 30 DOS BOL FT 33441
And the state of t	
ffective date is listed, the date must le of filing.)	e date of filing: (OPTIONAL) the specific and cannot be more than five business days prior to or 90 day
LE V: Effective date, if other than the	
LE V: Effective date, if other than the ffective date is listed, the date must le of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE:	be specific and cannot be more than five business days prior to or 90 day
LE V: Effective date, if other than the ffective date is listed, the date must le of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation I am aware that any false)	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State
LE V: Effective date, if other than the ffective date is listed, the date must le of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation I am aware that any false)	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817,155, F.S.) Typed or printed name of signee
LE V: Effective date, if other than the ffective date is listed, the date must lee of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817,155, F.S.) Typed or printed name of signee Filing Fees: f Organization and Designation of Registered Agent al)

ARTICLE IV-