# L15000025443

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

MANNERAM



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SECKETARY OF STATE TALLAHASSEE, FLORIDA

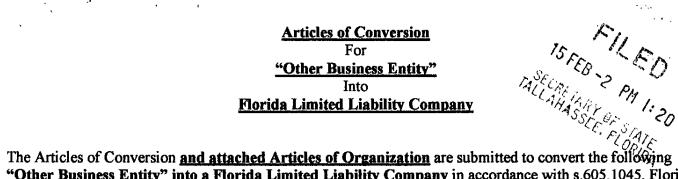
FEB 1 1 2015

T BROWN

# COVER LETTER

TO:	Registration Division of	Section Corporations		ù,	
SUBJ	ECT:	Ruff Life (Name	Dog Training of Resulting Florida Limite	<u> </u>	<u></u>
		es of Conversion, Artic o a "Florida Limited Li	_		
Please	e return all cor	respondence concernin	g this matter to:		
***************************************	Amber	Nelson (Contact Person)	····		
	Ruff	(Firm/Company)	vining		
	208 E	Kennedy Blud. (Address)	# 915		
	Tampa,	FL 33602 (City, State and Zip Code)	<del></del>		
E-1	cone Sounail Address: (to	ntraining a gr	port notifications)		
For fu	erther informat	tion concerning this ma	tter, please call:		
<u>4</u>	(Name of Con		at (319) 5 (Area Code) (Day	41-1995 time Telephone Numb	per)
Enclo	sed is a check	for the following amou	int:		
(\$25 fo & \$125	50.00 Filing Fees or Conversion 5 for Articles anization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fe Certified Copy, and Certificate of Status	
Regis Divisi Clifto	EET ADDREST tration Section ion of Corpora on Building Executive Cer	n ations	MAILING A Registration S Division of O P. O. Box 633 Tallahassee, 1	Section Corporations 27	

Tallahassee, FL 32301



"Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
on April 19th 2013
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Ruff Life Des Training U.S.
Ruff Life Dog Training LLC (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: Act of filing.  (The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective
date listed in the attached Articles of Organization, if an effective date is listed therein.)

Page 1 of 2

5. The plan of conversion has been approved in accordance with all applicable statutes.

Signed this 26th day of January	20_15
Signature of Authorized Representative of Limi	ted Liability Company:
o	, M ,
Signature of Authorized Representative: Chmbrinted Name: Amber Nelson	Tiller
Printed Name: Hmber Nelson	Title: Owner \ ALL parties
Signature(s) on behalf of Other Business Entity: [	See below for required signature(s).}
Signature: Clar O.M. M. M.	
Signature: Challe Melle Printed Name: Amber Nelson	Title: Sale member \ Quine C
Timed Tame. TWOSE TV 1323	Tide. Object Method ( )
Signature:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
61	
Signature:Printed Name:	Title
Frinted Name.	Tiue.
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
If Marida Companyions	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer
If Directors or Officers have not been selected, an Inc	
II Directors of Officers flavo flot occir selected, an and	50.po.a.o
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	<del> </del>
If Florida Limited Partnership or Limited Liability	ty Limited Partnership:
Signatures of ALL General Partners.	
All othorns	
All others: Signature of an authorized person.	
Signature of air audiorized person.	
<u>Fees:</u>	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:  The name of the Limited Liability Company is:  Ruff Life Dog Training LLC  (Must end with the words "Limited Liability Company, "L.I.C.," or "LLC.")
Ruff Life Dog Training LLC  (Must end with the words "Limited Liebility Company, "L.D.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address:  Mailing Address:
1208 E kennedy Blud #915 Tampa, FL 33602 Tampa, FL 33602
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.)
The name and the Florida street address of the registered agent are:
Amber Nelson Name
1208 E Kennedy Rlud #915 Florida street address (P.O. Box NOT acceptable)
Tampa FL 33602 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:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Amber Nelson
AMBR / MGR/Owner	1208 E kennedy Rlud # 915
	Tampa, FL 33602
	<del>.</del>
<del></del>	
•	ne date of filing: date of filing (OPTIONAL
ffective date is listed, the date must days after the date of filing.)	ne date of filing: date of filing. (OPTIONAL) to be specific and cannot be more than five business d
LE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.)	ne date of filing: <u>date of filing</u> . (OPTIONAl t be specific and cannot be more than five business d
LE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.)  LE VI: Other provisions, if any.	ne date of filing: date of filing. (OPTIONAl t be specific and cannot be more than five business d
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LE V: Effective date, if other than the frective date is listed, the date must days after the date of filing.)  LE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a member	Molecular description of a member.
LE V: Effective date, if other than the frective date is listed, the date must days after the date of filing.)  LE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a member accordance with section 605.0203	Molecular in the specific and cannot be more than five business defined by the specific and cannot be more than five busines
LE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.)  LE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a member accordance with section 605.0203 institutes an affirmation under the per	molecular in the specific and cannot be more than five business defined by the specific and cannot be more than five busines
LE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.)  LE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a member accordance with section 605.0203 institutes an affirmation under the permaware that any false information s	er or an authorized representative of a member.  (1) (b), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true, ubmitted in a document to the Department of State
LE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.)  LE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a member accordance with section 605.0203 institutes an affirmation under the permaware that any false information substitutes a third degree felony as provinced.	er or an authorized representative of a member.  (1) (b), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true. submitted in a document to the Department of State wided for in s.817.155, F.S.)
LE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.)  LE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a member accordance with section 605.0203 institutes an affirmation under the permaware that any false information substitutes a third degree felony as provinced.	er or an authorized representative of a member.  (1) (b), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true, ubmitted in a document to the Department of State

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)
Page 2 of 2

of Registered Agent
\$ 30.00 Certified Copy (Optional)