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COVER LETTER

то:	Registration S Division of Co			
SUBJEC	Drowning	g Dog LLC		
~~~~		Name of Lin	nited Liability Company	
The encl	osed Articles o	of Organization and fee(s) ar	e submitted for filing.	
Please re	eturn all corresp	pondence concerning this ma	atter to the following:	
	Matthew P	opson		
			Name of Person	
	Drowning ?	Dog LLC		
			Firm/Company	•
	458 Wilfor	d Avenue		
			Address	
	Longwood	, FL 32750		
			City/State and Zip Code	
	mdpopson@	<del>-</del>		
		E-mail address: (to be used	for future annual report notificat	ion)
For furthe	r information c	oncerning this matter, please	e call:	
	Matthew Po	opson 40 at (	739-5485	
	Nai	<del></del>	rea Code Daytime Telephon	ne Number
Enclosed	l 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 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:			
Drowning Do	g LLC			
	ist end with the words "Limited I	Liability Com	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and s	street address of the principal off	ice of the Lin	nited Liability Company is:	
<u>F</u>	Principal Office Address:		Mailing Addre	<u>ss</u> :
458 Wilford A	Ave		458 Wilford Ave	
Longwood, F	L 32750	<del></del>	Longwood, FL 32750	
another business entity w	ompany cannot serve as its own Frith an active Florida registration a street address of the registered a  Matthew Popson	.)	on must designate all must	ridusi vi
		rume		
	458 Wilford Avenue Florida street address	(P.O. Box <u>N</u> (	OT acceptable)	
	Longwood, FL 32750		_ ,	
	City	State	Zip	
place designated in this cert further agree to comply with		ntment as reg ating to the pr s registered as ed Agent' Si	istered agent and agree to act in oper and complete performance tent as provided for in Chapter to the complete performance of the complete pe	this capacity. I of my duties, and I
		(CONTINUI	(U2	
		Down Loff	)	

MdR  Matthew Popson  458 Wilford Ave Longwood, FL 32750  AMBR  Bartlomic Nowotynski  51 S Fairfax Avenue Winter Springs, FL 32708  AMBR  Brett Bollinger  51 S Fairfax Avenue Winter Springs, FL 32708   Matthew Popson  458 Wilford Ave Longwood, FL 32750  Brett Bollinger  51 S Fairfax Avenue Winter Springs, FL 32708  (OPTIONAL)  (OPTIONAL)  (OPTIONAL)  (OPTIONAL)  (OPTIONAL)  (OPTIONAL)  (In accordance with solock does not meet the applicable statutory filing requirements, this date will not be cument's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  REOUIRED SIGNATURE:    Signature of a member of an authorized representative of a member.     Signature of a member of an authorized representative of a member.     Authorized Tepresentative of a member.     Signature of a member of an authorized representative of a member.     Authorized Tepresentative of a member.     Signature of a member of an authorized representative of a member.     Signature of a member of an authorized representative of a member.     Authorized Tepresentative of a member.     Signature of a member of an authorized representative of a member.     Authorized Tepresentative of a member.     Signature of a member of an authorized representative of a member.     Signature of a member of an authorized representative of a member.     Authorized Tepresentative of a member.     Signature of a member of a member of a member.     Authorized Tepresentative of a member.     Authorized Tepresentative of a member.     Signature of a member of a member of a member.     Signature of a member of a member.     Authorized Tepresentative of a member.     Signature of a member of a member of a member.     Signature of a member of a member of a member.     Signature of a member of a member of a member.     Signature of a member of a member of a member.     Signature of a	Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
Longwood, FL 32750  Bartlomic Nowotynski 51 S Fairfax Avenue Winter Springs, FL 32708  AMBR  Brett Bollinger 51 S Fairfax Avenue Winter Springs, FL 32708  CLE V: Effective date, if other than the date of filing:  CLE V: Effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 date of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be cument's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document on the latest stated herein are true.  I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)  Matthew Popson  Typed or printed name of signee  Filing Fees:		Matthew Popson
AMBR  Bartlomic Nowotynski  51 S Fairfax Avenue  Winter Springs, FL 32708  Brett Bollinger  51 S Fairfax Avenue  Winter Springs, FL 32708  (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing: 05/10/2015 (OPTIONAL)  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 date of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be cument's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a member of an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document on the section of the se		
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AMBR  Brett Bollinger  51 S Fairfax Avenue Winter Springs, FL 32708  (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing: 05/10/2015 (OPTIONAL)  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 date of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be cument's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a member of an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.  I am aware that any false information submitted in a document to Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)  Matthew Popson  Typed or printed name of signee		
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Winter Springs, FL 32708  (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing: 05/10/2015	AMBR	
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The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-