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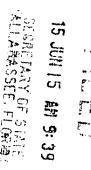
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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JUN 17 2015 **W PAINTE**R

TO:	Registration Section
	Division of Corporations

Cancer Foundation Canine

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:

Gordon ana Name of Person Firm/Company Bounton Becen FL City/State and Zip Code E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

Enclosed 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:

	Canine	Cancer	For	ndection,	LLC	
***	(Must end with the	ne words "Limited Lia	bility Com	pany, "L.L.C.," or	"LLC.")	
ARTICLE II - A The mailing add	Address: ress and street address	of the principal office	e of the Lin	nited Liability Con	npany is:	
	Principal Off	ice Address:		<u>M:</u>	ailing Address:	
FI	33435	St, Boynton (Beaun :	309 sw Boynton	yth St Bearn, Fr	334 35
(The Limited Lia	Registered Agent, Reability Company cannot sentity with an active	ot serve as its own Reg				l or
The name and th	ne Florida street addres	s of the registered age	ent are:			
		Diana	<u>, Co</u>	ordun		
		N	ame			
		309 sw 4	the s	+		
	Flo	orida street address (P	.O. Box <u>N</u> (T acceptable)		
	R			- ~ .		

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

SECRETARY OF STATE

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Robert Gordon
	Delray Beau, FL 33445
1) 0.10	\sim 0 -
HMBR	Diana Corden 309 sw 4th St
	Buynton Beardy, FL 33435
(Use attachment if necessary)	
(Ose attachment if necessary)	
EV: Effective date, if other than the d	late of filing: June 12 4 . (OPTIONAL)
EV: Effective date, if other than the dective date is listed, the date must be of filing.)	specific and cannot be more than five business days prior to or 90 da
EV: Effective date, if other than the dective date is listed, the date must be of filing.)	specific and cannot be more than five business days prior to or 90 da ot meet the applicable statutory filing requirements, this date will not be
EV: Effective date, if other than the dective date is listed, the date must be of filing.) The date inserted in this block does not be determined.	specific and cannot be more than five business days prior to or 90 da ot meet the applicable statutory filing requirements, this date will not be
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E V: Effective date, if other than the dective date is listed, the date must be of filing.) The date inserted in this block does not ment's effective date on the Department. E VI: Other provisions, if any. REOURED SIGNATURE: Signature of a	specific and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be ent of State's records. member or an authorized representative of a member.
E V: Effective date, if other than the dective date is listed, the date must be of filing.) The date inserted in this block does not ment's effective date on the Department. E VI: Other provisions, if any. REOURED SIGNATURE: Signature of a (In accordance with seconstitutes an affirmal am aware that any files.)	member or an authorized representative of a member. section 605.0203 (1) (b), Florida Statutes, the execution of this document tion under the penalties of perjury that the facts stated herein are true. also information submitted in a document to the Department of State
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ARTICLE IV-

June 12, 2015

Articles of Organization

Name: Canine Cancer Foundation, LLC

Place of Business: 309 Sw 4th St, Boynton Beach, FL 33435

Registered Agent: Diana Gordon, 309 SW Boynton Beach, Fl 33435

Statement of Purpose: The purpose of the Limited Liability Company is to engage in any lawful activity for which a

Limited Liability Company may be organized in this state

Member managed

AMBR Robert Gordon 1600 Dover 207B, Delray Beach, 33445

AMBR Diana Gordon 309 SW 4th st, Boynton Beach, FL 33435

Duration: Perpetual