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COVER LETTER

	Registration Section Division of Corporations
SUBJEC	
	Name of Limited Liability Company
The enclo	osed Articles of Organization and fee(s) are submitted for filing.
Please ret	turn all correspondence concerning this matter to the following:
	Asnican Chiacchiero
	-
	Smart Dogs Wark LLC
	Le14 W. Bloxham St.
	Address
	Lantana FL. 33462
	City/State and Zip Code Smartdogs 595@ad. com
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	Ashkah Chiacchiero at (56) 389-8973
	Name of Person Area Code Daytime Telephone Number
	is a check for the following amount:
\$125.00	Filing Fee \$\ \times 130.00\$ Filing Fee & Certificate of Status \$\ \times 255.00\$ Filing Fee & Certificate of Status \$\ \times 255.00\$ Certificate Copy (additional copy is enclosed) \$\ \times 255.00\$ Certificate of Status & Certificate Of Status & Certified Copy (additional copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liabil				
	Smart Dogs			
(Must end	d with the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street	address of the principal office of	the Limited Liability Company is:		
<u>Princi</u>	pal Office Address:	Mailing Address:		
	Sloxham St na FL 33962	Lantana FL. 3	St. 3462	
s				
(The Limited Liability Compan		istered Agent's Signature: ered Agent. You must designate an individual	35 5	dar separat
(The Limited Liability Compan another business entity with an	ly cannot serve as its own Registe	ered Agent. You must designate an individual are:	AUG -3 PH IST	A CONTRACTOR
(The Limited Liability Compan another business entity with an	y cannot serve as its own Register active Florida registration.) t address of the registered agent a	ered Agent. You must designate an individual are: ham St.	AUG -3	mana

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 "MGR" = Manager	Name and Address:
AMBR	Ashican Chiacchiero 1814 W. Bloxnam St. Lantana FL 33462 The
	AUS -3 PM C
•	of filing: (OPTIONAL)
E V: Effective date, if other than the date of extive date is listed, the date must be spe if filing.) the date inserted in this block does not ment's effective date on the Department of	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 d eet the applicable statutory filing requirements, this date will not b of State's records.
E V: Effective date, if other than the date of ective date is listed, the date must be spend filing.) the date inserted in this block does not monent's effective date on the Department of E VI: Other provisions, if any.	eet the applicable statutory filing requirements, this date will not b
E V: Effective date, if other than the date of ective date is listed, the date must be spend filing.) the date inserted in this block does not ment's effective date on the Department of E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a ment's document is executed a manaware that any false	eet the applicable statutory filing requirements, this date will not b
the date inserted in this block does not ment's effective date on the Department of EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a ment of the Department	eet the applicable statutory filing requirements, this date will not be of State's records. Well-Collection The property of a member of