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COVER LETTER

	Registration Section Division of Corporations		
CHID IE	Coastal Canine Grooming LLC		
SUBJECT: Name of Limited Liability Company			
The encl	osed Articles of Organization and fee(s) are submitted for filing.		
Please re	turn all correspondence concerning this matter to the following:		
	Katelyn McDonnell		
	Name of Person		
	Coastal Canine Grooming LLC		
	Firm/Company		
	1100 Florida St		
	Address		
	Key West FL 33040		
	City/State and Zip Code		
	Coastalcaninellc@gmail.com E-mail address: (to be used for future annual report notification)		
For further	information concerning this matter, please call:		
	Katelyn McDonnell 203 520-6317		
	Name of Person Area Code Daytime Telephone Number		
Enclosed	is a check for the following amount:		
*125.00	Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\text{S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}}		

Mailing Address

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

Street Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Α	١R	ΓĮ	CI	LE.	I-	N	a	m	e	
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The name of the Limited Liability Company is:

Coastal Canine Grooming LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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FALLAHASSEE, FLORIS

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	<u>Mailing Address</u> :
1100 Florida St Key West FL 33040	1100 Florida St Key West FL 33040

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:

KA-	TELYN	MCO	DNNELL
Name			
1100	FLOE	IDA ST	
	treet address (
KEY	West	FL	33040
	City	State	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 AMBR	Katelyn McDonnell			
AMDR	1100 Florida ST			
	Key West FL 33040			
(Use attachment if necessary)				
the date of filing.)	I cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed as			
•	, 10001 d.S.			
ARTICLE VI: Other provisions, if any.				
REOUIRED SIGNATURE:				
x Tolle	hen			
This document is executed in acc	an authorized representative of a member. cordance with section 605.0203 (1) (b), Florida Statutes. tion submitted in a document to the Department of State			
	MCDONNELL			

Typed or printed name of signee

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)