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



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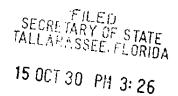
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COVER LETTER

| TO: | Registration Section Division of Corporations |
|------------------|--|
| CIDIC | Dog Days Creative, LLC. |
| SUBJE | Name of Limited Liability Company |
| The end | closed Articles of Organization and fee(s) are submitted for filing. |
| Please | return all correspondence concerning this matter to the following: |
| | Sara Nicely |
| | Name of Person |
| | |
| | Firm/Company |
| | 180 19th Ave N |
| | Address |
| | St. Petersburg, FL 33704 |
| | City/State and Zip Code |
| | sara@dogdayscreative.com |
| | E-mail address: (to be used for future annual report notification) |
| or furth | er information concerning this matter, please call: |
| | Sara Nicely 386 6908451 |
| | Name of Person Area Code Daytime Telephone Number |
| | |
| Enclose | ed is a check for the following amount: |
|]\$12 5.0 | 0 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, 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

| AKTICLI | ΕŢ | - N | ame: |
|----------|----|-----|-------|
| The name | of | the | Limit |

ted Liability Company is:

| (Must end | with the words "Limited Liab | oility Company, "L.L.C.," or "LLC.") | • |
|--|--|---|----------|
| RTICLE II - Address: | | | |
| e mailing address and street ac | ddress of the principal office | of the Limited Liability Company is: | |
| <u>Principa</u> | al Office Address: | Mailing Addr | ess: |
| 180 19th Ave N | | 180 19th Ave N | |
| St. Petersburg, Fl 337 | 704 | St. Petersburg, Fl 33704 | |
| he Limited Liability Company other business entity with an a | cannot serve as its own Regi active Florida registration.) | stered Agent. You must designate an inc | dividual |
| he Limited Liability Company other business entity with an a | cannot serve as its own Registration.) address of the registered ager | stered Agent. You must designate an inc | dividual |
| RTICLE III - Registered Age The Limited Liability Company tother business entity with an a | cannot serve as its own Regi active Florida registration.) | stered Agent. You must designate an inc | dividual |
| the Limited Liability Company tother business entity with an a | cannot serve as its own Registration.) address of the registered ages Jesse Dean | stered Agent. You must designate an inc | dividual |
| the Limited Liability Company tother business entity with an a | cannot serve as its own Registration.) address of the registered ager Jesse Dean National Serve as its own Registered ager National Serve as its own Registered ager National Serve as its own Registered ager | istered Agent. You must designate an inc nt are: | dividual |
| the Limited Liability Company tother business entity with an a | cannot serve as its own Registration.) address of the registered ages Jesse Dean Nat | istered Agent. You must designate an inc nt are: | dividual |

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

| <u> Title:</u> | Name and Address: | |
|--|--|---------|
| 'AMBR" = Authorized Member | | |
| 'MGR" = Manager | Com Minale | |
| AMBR | Sara Nicely 180 19th Ave N | |
| | St, Petersburg, Fl 33704 | |
| | | |
| AMBR | Jesse James Dean | |
| | 180 19th Ave N | |
| | St, Petersburg, Fl 33704 | |
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| EV: Effective date, if other than the dective date is listed, the date must be a filing.) the date inserted in this block does no | tte of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 t meet the applicable statutory filing requirements, this date will not not of State's records. | |
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ARTICLE IV-