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(Reque	estor's Name)	
(Addre	ss)	
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(City/S	tate/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Nar	me)
(Docur	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fili	ng Officer:	
4715-7	1449	



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SECRETARY OF STATE

APRIQUE JANONERA JANONERA

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COVER LETTER

.1 0 ;	Division of Corporations
SUBJEC	DOG-EZE TRAINING SPECIALSTS LLC
SODJE	Name of Limited Liability Company
The encl	losed Articles of Organization and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
	C. Christine Smith
	Name of Person
	Law Offices of Hernandez & Smith, LLC
	Firm/Company
	6318 US Highway 301 S.
	Address
	Riverview, FL 33578
	City/State and Zip Code 1 1 120 Christine@hernandezsmithlaw.com
	E-mail address: (to be used for future annual report notification)
for furthe	er information concerning this matter, please call:
	Christine Smith 813 448-6573, ext. 3
	Name of Person Area Code Daytime Telephone Number
Enclosed	d 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{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



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 28, 2015

C. CHRISTINE SMITH LAW OFFICES OF HERNANDEZ & SMITH, LLC 6318 US HIGHWAY 301 S. RIVERVIEW, FL 33578

SUBJECT: DOG-EZE TRAINING SPECIALISTS LLC

Ref. Number: W15000071449

We have received your document for DOG-EZE TRAINING SPECIALISTS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the first and last name of the "MGR" for Article IV.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 415A00022845

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

PPROVEL

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Valrico, FL 33594

15 NOV -4 PM 2:08

, , ,	10 111 2 00
DOG-EZE TRAINING SPECIALISTS LLC	SECRETARY OF STATE TALL ALLASSEE. FLORIDA
(Must end with the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	e of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2009 Cricket Lane	2009 Cricket Lane

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:

Amy Pittman		
	Name	
2009 Cricket Lane		
Florida street addres	ss (P.O. Box NOT ac	eceptable)
Valrico	FL	33594
City	State	Zip

Valrico, FL 33594

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..

egistered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address: 15 NOV -4 PM 2: 08
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	2009 Cricket Lane ALLAHASSEF FLORIDA Valrico, FL 33594
	Vaintco, FL 33394
	Amy Pithnan
MGR	2009 Cricket Lanc
WOK	Valrico, FL 33594
	vaniou, i E 33374
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(Use attachment if necessary)	
CLE V: Effective date, if other than effective date is listed, the date mu e of filing.) If the date inserted in this block de	the date of filing: November 1, 2015 (OPTIONAL) t be specific and cannot be more than five business days prior to or 90 day es not meet the applicable statutory filing requirements, this date will not be be truent of State's records.
CLE V: Effective date, if other than effective date is listed, the date mu e of filing.)	t be specific and cannot be more than five business days prior to or 90 day es not meet the applicable statutory filing requirements, this date will not be
CLE V: Effective date, if other than effective date is listed, the date mu e of filing.) If the date inserted in this block decument's effective date on the Department.	t be specific and cannot be more than five business days prior to or 90 day es not meet the applicable statutory filing requirements, this date will not be
CLE V: Effective date, if other than effective date is listed, the date mu e of filing.) If the date inserted in this block document's effective date on the Department's Other provisions, if any. REQUIRED SIGNATURE:	es not meet the applicable statutory filing requirements, this date will not be retreent of State's records.
CLE V: Effective date, if other than effective date is listed, the date mu e of filing.) If the date inserted in this block document's effective date on the Department's Other provisions, if any. REQUIRED SIGNATURE:	t be specific and cannot be more than five business days prior to or 90 day es not meet the applicable statutory filing requirements, this date will not be

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)

Amy Pittman