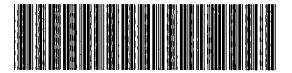
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COVER LETTER

gun inam	Happy Tails of South Florida, LLC
SUBJECT	Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retur	n all correspondence concerning this matter to the following:
	Kelsey Mogell
	Name of Person
	Firm/Company
	16568 Gateway Bridge Drive
	Address
	Delray Beach, FL 33446
k	City/State and Zip Code relseymogell@gmail.com
_	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
]	Kelsey Mogell 561 302-4631
_	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fil	ing Fee \$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) 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

Happy Tails of South Florida, LLC (Must end with the words "Lin ARTICLE II - Address: The mailing address and street address of the princip	nited Liability Compan	
ARTICLE II - Address:	nited Liability Compan	
		y, "L.L.C.," or "LLC.")
The mailing address and street address of the princip		
The maining address and street address of the princip	oal office of the Limited	d Liability Company is:
Principal Office Address:		Mailing Address:
16568 Gateway Bridge Drive	165	68 Gateway Bridge Drive
Delray Beach, FL 33446	Del	ray Beach, FL 33446
(The Limited Liability Company cannot serve as its canother business entity with an active Florida registration of the registration of the registration of the registration of the registration.)	ration.)	To a mast designate an marrioun or
Annette Mogell		
	Name	
16568 Gateway I	Bridge Drive	<u> </u>
Florida street ad	dress (P.O. Box <u>NOT</u> a	acceptable)
Delray Beach	FL	33446
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..

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

16 JUN 20 PH 3: 28

Title:	Name and Address:
"AMBR" = Authorized	dember
"MGR" = Manager MGR	Kelsey Mogell
***************************************	16568 Gateway Bridge Drive
	Delray Beach, FL 33446
AMBR	Annette Mogell
MAIDK	16568 Gateway Bridge Drive
	Delray Beach, FL 33446
	·
(Use attachment if necessive date, if of fective date is listed, the of filing.)	er than the date of filing:
LE V: Effective date, if of fective date is listed, the of filing.) If the date inserted in this	er than the date of filing: (OPTIONAL)
LE V: Effective date, if of fective date is listed, the of filing.) If the date inserted in this	er than the date of filing: (OPTIONAL) ate must be specific and cannot be more than five business days prior to or 90 d lock does not meet the applicable statutory filing requirements, this date will not b the Department of State's records.
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