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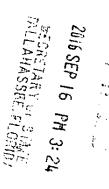
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PICK-UP	☐ WAIT	MAIL
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## COVER LETTER

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TO:	Registration Sec Division of Corp						
SUBJE	CT:	Name of	CALA' f Limited Liability			Z GROOMING	G, LLC.
The enc	losed Articles of C	erganization and fee(	s) are submitted	for filing.			
		dence concerning thi		-			
		KELLY	70	Ev	ans		
		/	Name of I	Person			
	OCALA	. Dog	MOBILE	GRO	OMINO	G, LLC.	<del></del>
		2759	SE 9	4±6	STRE	EET	
		- W <del>-</del> -	Addre	ss			
		OCALA	, FLORI	DA	344	171	
			<u>*</u>	•			
	E	mail address: (to be				-\	<del></del>
	E-	man address. (to be	used for future as	шиат герог	t nottheation	· · ·	
For further	er information cond	cerning this matter, p	lease call:				
	ile	Cunate	200	นาง	- mu	17	
	Name Name	EVANSa of Person	t ( ) of	Daytime	Telephone	Number	
	Name	of i eison	Area Code	Daytitie	Telephone	rumoer	
Enclose	d is a check for the	following amount:					
\$125.00	) Filing Fee	\$130.00 Filing Fee Certificate of Statu	s Certifie	0 Filing Fe ed Copy al copy is e		\$160.00 Filing Fee Certificate of Statu Certified Copy (additional copy is en	s &
	Mailing	Address		Street Add	PACC		
		tion Section		Registration			
Division of Comparations				Comontio			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AKTICLE I - Name:	
The name of the Limited Lightlity Company is:	

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability 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:

Principal Office Address:	Mailing Address:
2759 SE 345 STREET	1759 SE 34TH STREET
OLALA, FL 3447	OCALA, FL 34471

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:

KELLY JO EVANS

Name

2759 SE 34 STREET

Florida street address (P.O. Box NOT acceptable)

OCALA FL 34471

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.

egistered Agent's Signature (REQUIRE

(CONTINUED)

Page 1 of 2

2016 SEP 16 PM 3: 24

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:		
MGR	KELLY JO EVANS		
(Use attachment if necessary)			
(If an effective date is listed, the date must be spe the date of filing.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed a of State's records.		
ARTICLE VI: Other provisions, if any.			
REQUIRED SIGNATURE:	la Do Evans		
constitutes an affirmation I am aware that any false	ember or an authorized representative of a member. ion 605.0203 (1) (b), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State te felony as provided for in s.817.155; F.S.)		
KELLY	Jo EVANS Typed or printed name of signee		

The name and address of each person authorized to manage and control the Limited Liability Company:

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2