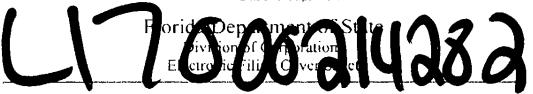
10/16/2017

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170002721713)))



H170002721713ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

T 16 PM 4: 91

https://efile.sunbiz.org/scripts/efilcovr.exe

To:

Division of Corporations

Fax Number : (850)617-6381

Account Name : C T CORPORATION SYSTEM Account Number : FC4000000023

Phone : (512)418-6949
Fax Number : (954)208-0845

Rer the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:

TUCT 16 AM IO: 31

FLORIDA LIMITED LIABILITY CO.

Advanced Canine Reproduction and Wellness, LLC

Certificate of Status	Û
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu C

Corporate Filing Menu

Help

1/1

ARTICLES OF ORGANIZATION

ARTICLE I

NAME

ARTICLE I

NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of the Advanced Canine Reproduction and Wellness, LLC

ARTICLE II

PRINCIPAL OFFICE

The street address and the mailing the street address and the street addr

7804 251st St E Myakka City, Florida 34251

ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:

Ryan Abrahamson 7804 251st St E Myakka City, Florida 34251

ARTICLE IV MANAGEMENT AND POWERS

The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Operating Agreement of the Limited Liability Company. The initial Manager shall be as follows:

> Ryan Abrahamson 7804 251st St E Myakka City, Florida 34251

. . . .

Ryan Abrahamson

"MANAGER"

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 605.0203 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is:

ADVANCED CANINE REPRODUCTION AND WELLNESS, LLC

*2. The name and the Florida street addless of the registered agent are:

Ryan Abrahamson 7804 251st St E Myakka City, Florida 34251

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date: 10.6.2017

n Abrahamson

"REGISTERED AGENT"