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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	

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SECALLIANT SET FLORIDA

4-10/30/17

## **COVER LETTER**

Division of Corporations
SUBJECT: 1/1X/E Dog Found Entertaintheat LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Talton3 Mristin Posley Name of Person
Divie Dog Pound Entaintment LLC Firm/Company
7035 CD 46A Ste 1071 FF312 Address
City/State and Zip Code  Di Y C Doc Pound ent@ amail con  E-mail address: (to-be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$125.00 Filing Fee \$\$130.00 Filing Fee & \$\$155.00 Filing Fee & \$\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## · ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
entertainment in
Divid Des Mund
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")
(Willst contain the words Elimited Elability Company, E.D.C., or EEC. )
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
7025 CR 464 Ste 1071 #312 POZS CR 464 SIC 1071 #312
Lake Mary FL 32746-4753 [acc wary FL 32746-475
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:
Monsto Polar
Name
7000 00 1100 000 +212 1
1025 CR 46A Ste 1071 #312 75 5  Florida street address (P.O. Box NOT acceptable)
Lake Nary FL 120746-4753
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  Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MG2 MGE	Mostin Postell 1005 CR 46A STRION #312 Laler Mary FI 30 46
MGZ	Totton Forey 1005 CIZ YEAR STEDIOTHERSIS Luke Mary 1-130 Mg
	1
effective date is listed, the date must be see of filing.)	te of filing: (OPTIONAL.) specific and cannot be more than five business days prior to or 90 day
CLE V: Effective date, if other than the date effective date is fisted, the date must be set of filing.)  If the date inserted in this block does not cument's effective date on the Department of the Department	meet the applicable statutory filing requirements, this date will not be at of State's records.
CLE V: Effective date, if other than the date effective date is listed, the date must be see of filing.)  If the date inserted in this block does not current's effective date on the Department.	meet the applicable statutory filing requirements, this date will not be
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