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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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D O'KEEFE FEB 0 6 2018

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: The	Loyal Canic Name of Lin	ne Dog Trainin nited Liability Company	g LLC
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corresp	pondence concerning this ma	itter to the following:	
- Kim'	oerly Brewer	Name of Person	
		Firm/Company	
7604	1 Dragon Fl	Y LOOP Address	
Gib5	onton, FL	33534 City/State and Zip Code	
Kim	E-mail address: (to be used	Training. net for future annual report notification	n)
For further information c	concerning this matter, please	e call:	
<u> Vinon</u> Na	ery Brewes at (a	217) 766 - 3209 rea Code Daytime Telephone	Number
Enclosed is a check for	the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mai</u>	ling Address	Street Address	
	Filing Section	New Filing Section	ne.
	sion of Corporations Box 6327	Division of Corporatio Clifton Building	HS
	ahassee, FL 32314	2661 Executive Center	Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability	Company is:			
The Loy (Must end w	al Canine ith the words "Limited	Dog Liability Compa	Training, L	L C
ARTICLE II - Address: The mailing address and street add	fress of the principal of	Tice of the Limit	ed Liability Company is:	
<u>Principal</u>	Office Address:		Mailing Add	iress:
7604 Drago Gibsonten,	n Fly Lood FL 33534		PO. Box 591 Gibsonton, FL	33534
ARTICLE III - Registered Ager (The Limited Liability Company canother business entity with an ac	annot serve as its own	Registered Ager		ndividual or
The name and the Florida street ac	dress of the registered	agent are:		
	REGISTER	ED AGENTS I	NC.	₹v: =
Name				E 18
	3030 N. Ro Florida street address	cky Point Dr. (P.O. Box <u>NO</u>		FILE EI ART EI ART
	Tampa	, FL 33607		
	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 approximate the constitution of the constit place designated in this certificate. Thereby 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.,

Bill Havre/Secretary/Registered Agents Inc.
Registered Agent's Signature (REQUIRED)

D

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Kimbery Brewer
	7604 Dragon Fly LOOD
	Gibsonton, FL 33534
AMBR	Lewis Colling
<u></u>	7604 Dragon Fly Loop
	Giosonton, FL 33534
(Use attachment if necessary)	
•	
CLE V: Effective date, if other than the date of filin	ng:(OPTIONAL)
	and cannot be more than five business days prior to or 90 days after
e of filing.) If the date inserted in this block does not meet th	ne applicable statutory filing requirements, this date will not be listed
cument's effective date on the Department of Stat	• • •
·	
CLE VI: Other provisions, if any.	

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Him berly Brewer
Typed or printed name of signee

Filing Fees:

 $$125.00 ext{ Filing Fee for Articles of Organization and Designation of Registered Agent}$

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Page 2 of 2

18 FEB - 1 PM 1: 44
SECRETAICT OF STATE
TALLAHASSEE, FLORID