

3/21/2018

Division of Corporations

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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.

(((H180000912873)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Fax Number

: (307)200-2803 : (855)330-1010

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

Email Address:_

FLORIDA LIMITED LIABILITY CO.

Dogs Balance LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

FILER

18 MAR 21 AH 8: 57

ARTICLES OF ORGANIZATION FOR FLORIDA LINITIFED LIABILITY COMPANY

ARTICLES OF	ORGANIZATION FOR FI	ORDA LIMITEI	LIABILITY COMPANY	Since the single	
ARTICLE I - Name:				MAL WAR TO SEE	ڊ ڊاران
The name of the Limited Liability	y Company is:				
Dogs Balance LLC					
(Must end v	vith the words "Limited I.	iability Company	/, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street ad	ldress of the principal offi	ce of the Limited	Liability Company is:		
Princip:	d Office Address:		Mailing Addr	<u>ess</u> :	
3030 N. Rocky Poir Tampa, FL 33607	it Dr. STE 150A		0 N. Rocky Point Dr. S npa, FL 33607	TE 150A	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own R	egistered Agent.		tividual or	
The name and the Florida street a	ddress of the registered a	gent are:			
	REGISTERE	AGENTS IN	<u>.</u>		
		Name			
	3030 N. Rock Florida street address (
	Tampa, I	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 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)

AMBK = AB	thorized Member	Name and Address:	
"MGR" = Man			
AMBR		Caroline Creyf	
		3030 N. Rocky Point Dr.STE 150A	
		Tampa, FL 33507	
		<u></u>	
(Use attachmen	nt if necessary)		300 mg
ffective date is li	sted, the date must be sp	of filing:	days after
		meet the applicable statutory filing requirements, this date will not	be listed as
If the date inserte ument's effective	e date on the Department	meet the applicable statutory filing requirements, this date will not	be listed as
If the date inserte	e date on the Department	meet the applicable statutory filing requirements, this date will not	be listed as-
If the date inserte ument's effective	e date on the Department ovisions, if any.	meet the applicable statutory filing requirements, this date will not	be listed as-
If the date inserte ument's effective	e date on the Department ovisions, if any.	meet the applicable statutory filing requirements, this date will not of State's records.	be listed as-
If the date inserte ument's effective LE VI: Other pro	e date on the Department ovisions, if any.	meet the applicable statutory filing requirements, this date will not of State's records.	be listed as
If the date inserte ument's effective LE VI: Other pro	e date on the Department ovisions, if any.	meet the applicable statutory filing requirements, this date will not of State's records.	be listed as-
If the date inserte ument's effective LE VI: Other pro	signature of a m This document is execu	meet the applicable statutory filing requirements, this date will not of State's records.	be listed as-
If the date inserte ument's effective LE VI: Other pro	signature of a m This document is execu	ember or an authorized representative of a member. Ited in accordance with section 605.0203 (1) (b), Florida Statutes. Ite information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.	be listed as-
If the date inserte ument's effective LE VI: Other pro	SIGNATURE: Signature of a m This document is execu I am aware that any fals constitutes a third degre	ember or an authorized representative of a member. Ited in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State	be listed as-

Page 2 of 2

NAME RESOLUTION

I, Caroline Creyf, last officer and director of DOGS BALANCE, INC., acting on behalf of the company, authorize Riley Park of Registered Agents Inc. to file the name DOGS BALANCE LLC, for use in the State of Florida.

Dated this 21st day of March , 2018

Caroline Creyf, President