1180002123498

(Requestor's Name)
(Address)

(Address)
(City/State/Zip/Phone #)
(Only) State Light Hone #7
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200320722982

18 NOV 14 MI 11: 23

NOV 15 2018
T SCHROEDER

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

11/14/18

NAME: CLINT MOORE PET PRODUCTS LLC

TYPE OF FILING: ARTICLES

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL/HODG

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is:

CLINT MOORE PET PRODUCTS LLC

ARTICLE II ___ ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

19721 118TH TRAIL S

BOCA RATON, FLORIDA 33498

ARTICLE III REGISTERED AGENT

The name and the Florida street address of the registered agent are:

LESLIE BUTZER

19721 118TH TRAIL S

BOCA RATON, FLORIDA 33498

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.

LISA BUTZER / Registered Agent's signature

PAGE 2 CLINT MOORE PET PRODUCTS LLC

ARTICLE IV AUTHORIZED PERSON(S)

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

AUTHORIZED MEMBER
LISA BUTZER
19721 118TH TRAIL S
BOCA RATON, FLORIDA 33498

AUTHORIZED MEMBER
LESLIE BUTZER
19721 118TH TRAIL S
BOCA RATON, FLORIDA 33498

SELVENCES OF THE STATE OF THE S

LESUIB BUTZER / Authorized Representative's signature

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)