L9000044266

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.

(((H19000058227 3)))

H190000582273ABC1

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    : HUBCO
        Account Number  : 104662003400
        Phone           : (516)935-3940
        Fax Number      : (516)935-3088
```

```
**Enter the email address for this business entity to be used for future
  annual report mailings. Enter only one email address please.**
Email Address: RCARUSO@RJCARUSOTAX.COM
```

FLORIDA LIMITED LIABILITY CO.
TIKI TAILS DOG RESORT LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$130.00

2019 FEB 20 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FL
2019 FEB 20 AM 8:40
FILED

Electronic Filing Menu   Corporate Filing Menu   Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

TIKI TAILS DOG RESORT LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

3218 SE 19TH PLACE
CAPE CORAL, FLORIDA 33904

Mailing Address:

3218 SE 19TH PLACE
CAPE CORAL, FLORIDA 33904

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.)

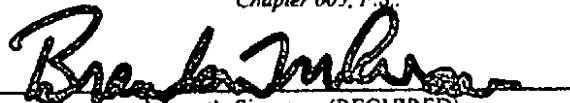The name and the Florida street address of the registered agent are:

BRANDON M PERAU
_____
Name

3218 SE 19TH PLACE
_____
Florida street address (P.O. Box **NOT** acceptable)

CAPE CORAL   FL   33904
_____
City   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)

BRANDON M PERAU

(CONTINUED)

Page 1 of 2

ARTICLE IV-

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

Title:
"AMBR" = Authorized Member
"MGR" = Manager

Name and Address:

__AMBR__

BRANDON M PERAU
3218 SE 19TH PLACE
CAPE CORAL, FL 33904

__AMBR__

KAYLEIGH M LAWSON
3218 SE 19TH PLACE
CAPE CORAL, FL 33904

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

_____

REQUIRED SIGNATURE:

Brandon M Perau

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

BRANDON M PERAU
Typed or printed name of signee