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11/19/19--01018--005 **125.08

COVER LETTER

	New Filing Section Division of Corporations			
SUBJEC	Safety First of Florida, LLC			
SUBJEC		e of Limited Liab	ility Company	
The enclo	osed Articles of Organization and f	ee(s) are submitte	ed for filing.	
Please ret	turn all correspondence concerning	this matter to the	e following:	
	Adam Cooney			
		Name o	of Person	
		Firm/C	Company	
	602 Mary Sue Street			
		Ado	dress	
	Fruitland Park, Florida 34731	1		
	alcooney72@gmail.com	City/State a	and Zip Code	
		be used for future	annual report notificati	ion)
For further	information concerning this matte	r, please call:		
	Adam Cooney	727	5348714	
	Name of Person	Area Code	Daytime Telephon	e Number
Paclosed	is a check for the following amour	nt:		
/	Filing Fee S130.00 Filing F Certificate of St	ee & \$155 atus Certi	.00 Filing Fee & fied Copy anal copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporati Clifton Building 2661 Executive Center	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RTICLE II - Address:	ontain the words "Limited L		1 1 C " or "[1 C "]
RTICLE II - Address:		nability Company,	D.E.C., OF BISC.
he mailing address and stree	t address of the principal of	fice of the Limited L	iability Company is:
Pring	cipal Office Address:		Mailing Address:
602 Mary Sue Street		602 Ma	ary Sue Street
Fruitland Park		Fruitlar	nd Park
Florida, 34731		Florida	, 34731
	m active Florida registration	1.)	ou must designate an individual or
	m active Florida registration	1.)	ou must designate an individual or
	en active Florida registration et address of the registered	1.)	ou must designale an individual or
	et address of the registration Adam Cooney 602 Mary Sue Street	agent are: Name	
	en active Florida registration et address of the registered Adam Cooney	agent are: Name	
mother business entity with a	et address of the registration Adam Cooney 602 Mary Sue Street	agent are: Name	

CONTINUEDY

"MGR" = Manager Manager Manager Manager Adam Cooney 602 Mary Sue Street Fruitland Park, FL 34731 (Use attachment if necessary) LE V: Effective date, if other than the date of filing: (OPTIONAL) (Fective date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ument's effective date on the Department of State's records.	Title:	Name and Address:
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:		
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:		
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:	Manager	
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:	FITTER	
LE V: Effective date, if other than the date of filing: (OPTIONAL) ffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ument's effective date on the Department of State's records.	7.7.10	Fruitland Park, FL 34731
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REQUIRED SIGNATURE:	LE V: Effective date, if other than the offective date is listed, the date must be of filing.) If the date inserted in this block does nument's effective date on the Departm LE VI: Other provisions, if any.	not meet the applicable statutory filing requirements, this date will no
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.	LE V: Effective date, if other than the offective date is listed, the date must be of filing.) If the date inserted in this block does nument's effective date on the Departm LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is ex L am aware that any	a member or an authorized representative of a member. secuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State
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	EV: Effective date, if other than the dective date is listed, the date must be of filing.) If the date inserted in this block does not ment's effective date on the Departm. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is explained a third do A	a member or an authorized representative of a member. secuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-



December 16, 2019

ADAM COONEY 602 MARY SUE STREET FRUITLAND PARK, FL 34731 US

SUBJECT: SAFETY FIRST OF FLORIDA, LLC

Ref. Number: W19000108849

We have received your document for SAFETY FIRST OF FLORIDA, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is .

N1900000001

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams Regulatory Specialist II

Letter Number: 919A00025501

COVER LETTER

	lew Filing Sect Division of Cor			
SUBJECT		Enterprises LLC		
SUBJECT) :	Name of Lim	ited Liability Company	
The enclos	sed Articles of (Organization and fee(s) are	submitted for filing.	
Please ren	ım all correspo	ndence concerning this ma	tter to the following:	
	Adam Coone	у		
			Name of Person	
			Firm/Company	
	602 Mary Su	e Street		
			Address	
	Fruitland Pai	rk, FL 34731		
		C	ity/State and Zip Code	
	alcooney72@	gmail.com		
	ī	E-mail address: (to be used	for future annual report notificat	ion)
For further	information co	ncerning this matter, please	call:	
	Adam Coone	y 72 at (
	Nam		rea Code Daytime Telephon	ne Number
Enclosed	is a check for t	he following amount:		
□\$125.0	0 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		g Address	Street Address	
		iling Section on of Corporations	New Filing Section D The Centre of Tallah	

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Company is:			
Puppy Cow Enterprises	LLC			
(Must conatin	the words "Limited	Liability Company,	L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street addr	ress of the principal o	office of the Limited	Liability Company is:	
Principal (Office Address:		Mailing Address:	
602 Mary Sue Street		602	Mary Sue Street	
Fruitland Park, FL 3473	31		land Park, FL 34731	
he name and the Florida street ad	dress of the registere	d agent are:		
	Adam Cooney	Name	 	
	•	Name	cceptable)	
	Adam Cooney 602 Mary Sue Street	Name	cceptable)	
	Adam Cooney 602 Mary Sue Street Florida street addres	Name ss (P.O. Box <u>NOT</u> a	•	

(CONTINUED)

		Name and Address:
HEACED 8 - Mar-	thorized Member	
"MGR" = Man	ager	
MGR		Adam Coonev
		602 Mary Suc Street Fruitland Park, FL 34731
		Fruitiand Park, FL 34731
		
(Use attachmer	nt if necessary)	
TICLE V: Effective	date, if other than the	e date of filing:
TICLE V: Effective n effective date is lidate of filing.) (e: If the date inserted document's effective date in the date in t	date, if other than the sted, the date must be d in this block does e date on the Departr	
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FICLE V: Effective in effective date is lidate of filing.) te: If the date inserted document's effective file.	date, if other than the sted, the date must be din this block does e date on the Departrovisions, if any. Signature of This document is elam aware that any	not meet the applicable statutory filing requirements, this date will not be listed ment of State's records. I member or an authorized representative of a member. Accused in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State legree felony as provided for in s.817.155, F.S.

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

. . . .

ARTICLE IV-

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