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2021 FEB 18 AHIO: 30 SECRETARY OF STATE TALLAMASSEE, FL

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

BOSS THE PET CO	ONNECTION SUNRISE	
LLC		
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art, of Amend, File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
5.5		Vehicle Search
	<del> </del>	Driving Record
Requested by: SETH		UCC   or 3 File
Name	Date Time	— UCC 11 Search
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# **COVER LETTER**

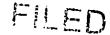
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SUBJECT	BOSS THE	E PET CONNECTION SU	UNRISE LI	LC	
SUBJECT	· ·	Name of Li	imited Liab	ility Company	<del></del>
The enclos	sed Articles of	Organization and fee(s) a	are submitte	ed for filing.	
Please retu	ırn all correspo	ondence concerning this n	natter to the	following:	
	NATALIE (	GUARIGLIA			
		<del> </del>	Name o	of Person	
	BESTAX AG	CCOUNTING INC			
		<del></del>	Firm/C	ompany	
	6726 N STA	TE ROAD 7			
	-		Adi	Iress	
	COCONUT	CREEK, FL 33073			
	INFO@BEST	AXACCOUNTING.COM		nd Zip Code	
,		E-mail address: (to be used	d for future	annual report notificat	ion)
For further i	nformation co	ncerning this matter, pleas	se call:		
	NATALIE G		154	969-9992	
	Nam			Daytime Telephon	ne Number
Enclosed is	s a check for th	ne following amount:			
□\$125.00	Filing Fee	□S130.00 Filing Fee & Certificate of Status	Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F	g Address iling Section		Street Address New Filing Section D	
	Division of Corporations The Centre of Tallahassee				assee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314



### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

2021 FEB 18 AM 10: 30

SECRETARY OF STATE TALLAHASSEE, FL

### BOSS THE PET CONNECTION SUNRISE LLC

(Must contain 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:

<u>Pri</u>	Principal Office Address:		Mailing Address:		
2063 N UNIVE	RSITY DR.	206	3 N UNIVERSITY DR.		
SUNRISE, FL 3	SUNRISE, FL 33322		NRISE, FL 33322		
		•	You must designate an individual or		
ŕ	reet address of the registered	agent are:			
·	· ·	agent are:	<del></del>		
·	reet address of the registered	agent are: IDEZ Name			
·	reet address of the registered ENRIQUE FERNAN	agent are:  /DEZ  Name  Y DR.	acceptable)		
nother business entity with	reet address of the registered  ENRIQUE FERNAN  2063 N UNIVERSIT	Agent are:  VDEZ  Name  Y DR. s (P.O. Box NOT)	acceptable)		

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)

(CONTINUED)

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	ENRIQUE FERNANDEZ 2063 N UNIVERSITY DR. SUNRISE. FL 33322
	SECRETARY OF STATE TALLAHASSEE, FL
	30 30
(Use attachment if necessary)	
(If an effective date is listed, the date must be sthe date of filing.)	specific and cannot be more than five business days prior to or 90 days after t meet the applicable statutory filing requirements, this date will not be listed as nt of State's records.
ARTICLE VI: Other provisions, if any.	
·	
REQUIRED SIGNATURE:	
	nrique Fernandez
Signature of a	manufar or an authorized regressintative of a member

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.

**ENRIQUE FERNANDEZ** 

Typed or printed name of signce

# 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)