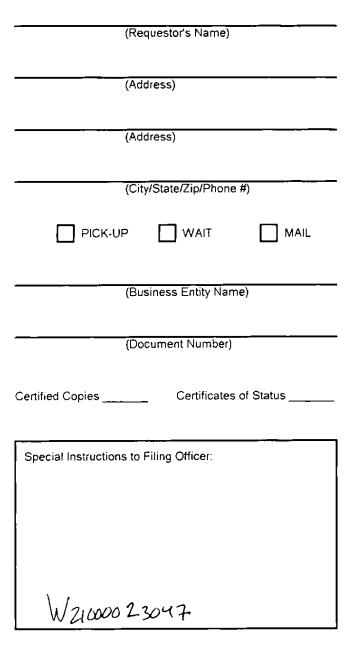
L210000 77129

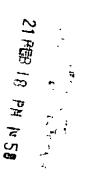


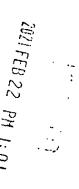
Office Use Only



500360434825

02/18/31--01019--007 **125.00





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	NNECTION	<u> </u>	
SAMPLE RD 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 Fictitions Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
Signature			Vehicle Search
	- 		Driving Record
Requested by: SETH			UCC 1 or 3 File
·	Dota	Time	UCC 11 Search
Name	Date	Time	UCC 11 Retrieval
Walk-In		р	Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name	Ċ																																																												ı			•								Ì					l							١	١	١	١	ļ									•						ı	J				,				E	ı							į		ı	Į										ļ	ĺ			ļ	ļ			i				l	1
------------------	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	---	--	--	---	--	--	--	--	--	--	--	---	--	--	--	--	---	--	--	--	--	--	--	---	---	---	---	---	--	--	--	--	--	--	--	--	---	--	--	--	--	--	---	---	--	--	--	---	--	--	--	---	---	--	--	--	--	--	--	---	--	---	---	--	--	--	--	--	--	--	--	--	---	---	--	--	---	---	--	--	---	--	--	--	---	---

The name of the Limited Liability Company is:

BOSS THE PET CONNECTION SAMPLE RD. 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:

Principal Office Address:	Mailing Address:
7439 W SAMPLE ROAD	7439 W SAMPLE ROAD
CORAL SPRINGS, FL 33065	CORAL SPRINGS, FL 33065

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:

ENRIQUE FERNAND	EZ	
	Name	
7439 W SAMPLE RO	AD.	
Florida street address (P.O. Box <u>NOT</u> ac	rceptable)
CORAL SPRINGS	<u>FL</u>	33065
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..

Registered Agent's Signature (KI/QUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Membe	Name and Address:
"MGR" = Manager	
AMBR	ENRIQUE FERNANDEZ
	7439 W SAMPLE ROAD CORAL SPRINGS, FL 33065
	00///18/01/18/00/18/55005
	
EV: Effective date, if other that	in the date of filing: 02/16/2021 (OPTIONAL) must be specific and cannot be more than five business days prior to or 90
E V: Effective date, if other that ective date is listed, the date in of filing.) (the date inserted in this block of ment's effective date on the De	nust be specific and cannot be more than five business days prior to or 90 does not meet the applicable statutory filing requirements, this date will not
E V: Effective date, if other that ective date is listed, the date in of filing.) (the date inserted in this block of ment's effective date on the De	does not meet the applicable statutory filing requirements, this date will not partment of State's records.
E V: Effective date, if other that ective date is listed, the date in of filing.) the date inserted in this block of ment's effective date on the Deleter of	does not meet the applicable statutory filing requirements, this date will not partment of State's records.
E V: Effective date, if other that ective date is listed, the date in if filing.) the date inserted in this block of ment's effective date on the De E VI: Other provisions, if any.	does not meet the applicable statutory filing requirements, this date will not spartment of State's records.
E V: Effective date, if other that ective date is listed, the date in of filing.) (the date inserted in this block of ment's effective date on the De E VI: Other provisions, if any.) REQUIRED SIGNATURE:	does not meet the applicable statutory filing requirements, this date will not epartment of State's records. Chrique Fernander
rective date is listed, the date mof filing.) If the date inserted in this block of ment's effective date on the Dec. E VI: Other provisions, if any. REOURED SIGNATURE: Signatu This documen I am aware tha	does not meet the applicable statutory filing requirements, this date will not spartment of State's records.
EV: Effective date, if other that ective date is listed, the date in of filing.) The date inserted in this block of ment's effective date on the Det. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document I am aware that	does not meet the applicable statutory filing requirements, this date will not spartment of State's records. This was records. The of a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes, at any false information submitted in a document to the Department of State.

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