Florid Department of State Division of Corporations Electronic ming Covers heef

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.

(((H21000168934 3)))



H210001689343ABC1

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 : LAZARUS CORPORATE FILING SERVICE, INC.

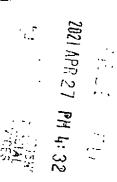
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:					
-------	----------	--	--	--	--	--

FLORIDA LIMITED LIABILITY CO. DEVILS DRIP KENNELS LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00



ARTICI ESOFODO ANTO ATTON

	ACTICLES OF ORGANIZATION FOR FI	ORIDALIMIT	ED LIABILITY COMPANY	
ARTICLE 1 -				
The name of th	e Limited Liability Company is:			
	- •			
DH	VILS DRIP KENNELS LLC			
	(Must contain the words "Limited Li	ability Compar	ry, "L.L.C.," or "LLC.")	
ARTICLE II -		•	, ,	
The mailing ad	dress and street address of the principal offi	ce of the Limit	ed Liebility Commons in	
		A DE PLO DIME	tod Endomry Company is:	
•	Principal Office Address:		Mailing Address:	
202	9 SW 2 ST APT 1 MIAMI FL 33135	2	029 SW 2 ST APT 1 MIAM! FL 3	212<
			The state of the s	J. J
				
ARTICLE III	- Registered Agent, Registered Office, &	Daniel 3 A		
The I imited I	wegeter at Agent, Registered Unice, &	Registered A	gent's Signature:	
nother busine	lability Company cannot serve as its own R assentity with an active Florida registration.	ogistered Ager	ii. You must designate an individu:	i or
THE PARTY OF THE PARTY	we country with set sected Lighter telegranous)		
The name and t	the filmelds street address of the authors a			
- 114	the Florida street address of the registered a	gent are:		
	MICHAEL CASTRO			
	Î	Vame		
	2029 SW 2 ST APT I			
	Florida street address (P.O. Box NO	(acceptable)	
	MIAMI	FL	33135	
	City	State	Zip	
	•		•	
aving been nan	ned as registered agent and to accept service	of process for	the above stated limited liability cor	npany at the
MAD MINISTER STATE	william vertiliam and a reception of the properties of the propert	STATESY OF PARIS	tored posts and compared a series of the	
see see Link to to t	ranger representation of all stanger reco	fing to the seco	BAY cond poster late a sufamiliaria a fill	
п јитицаг with	and accept the obligations of my position as	registered age	nt as provided for in Chapter 605, F	. s. .
	. ,	\bigcap i		
	Muliat	late		
	Registers	d Agent's Sign	nature (REQUIRED)	r
		- 		100 API
				IZI API
		CONTINUE	Y Y	· – – – – – – – – – – – – – – – – – – –

71 APR 27 AM 10: 57

(Use attachment if necessary) (CLE V: Effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 att of filing.) If the date inserted in this block does not meet the applicable standory filing requirements, this date will not occument's effective date on the Department of State's records. (CLE VI: Other provisions, if any. REQUIRED SIGNATURE: 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 a wave that any false information submitted in a document to the Department of State constitutes a third degree folony as provided for in a.817.135, F.S. HUHHEL CHIPO Typed or printed name of signee	Title: "AMBR" = Authoriz "MGR" = Manager	ed Memb or	nthorized to manage and control the Limited Linbility Name and Address:	, 	
(Use attachment if necessary) (CLE V: Effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 atte of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not occument's effective date on the Department of State's records. (CLE VI: Other provisions, if any. REQUIRED SIGNATURE: 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 a 817.135, F.S.	AMBR		MICHAEL CASTRO 2029 SW 2 ST APT 1 MIAMI PL 33135		_
CLE V: Effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be determined on the Department of State's records. CLE VI: Other provisions, if any. REQUIRED SIGNATURE: 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 a.817.135, F.S.					-
CLE V: Effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 it of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be determined on the Department of State's records. CLE VI: Other provisions, if any. REQUIRED SIGNATURE: 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 a.817.135, F.S.					-
CLE V: Effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 it of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be determined on the Department of State's records. CLE VI: Other provisions, if any. REQUIRED SIGNATURE: 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 a.817.135, F.S.					_
CLE V: Effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be determined on the Department of State's records. CLE VI: Other provisions, if any. REQUIRED SIGNATURE: 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 a.817.135, F.S.					- -
CLE V: Effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 it of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be be determined of State's records. CLE VI: Other provisions, if any. REQUIRED SIGNATURE: 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 a.817.155, F.S.					
CLE V: Effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 it of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not occurrent's effective date on the Department of State's records. CLE VI: Other provisions, if any. REQUIRED SIGNATURE: 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 a.817.155, F.S.					_
REQUIRED SIGNATURE: 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 falony as provided for in a.817.135, F.S.					-
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 falony as provided for in a.817.135, F.S.			-600		-
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 a.817.135, P.S.	CLE V: Effective date, if effective date is listed, the te of filing.) If the date inserted in the cument's effective date of	other than the date of a date must be spe is block does not m to the Department of	near the applicable results of the first days p	rior to or 90	-da t be
I am aware that any false information submitted in a document to the Department of State constitutes a third degree follows as provided for in a.817.135, P.S.	CLE V: Effective date, if effective date is listed, the te of filing.) If the date inserted in the cument's effective date of	other than the date of a date must be spe is block does not m to the Department of	near the applicable results of the first days p	rior to or 90	da
Typed or printed name of signee	CLE V: Effective date, if effective date is listed, the set of filling.) If the date inserted in the neument's effective date of CLE VI: Other provisions REQUIRED SIGNA'	other than the date of a date must be species block does not men the Department of the Department of Ture;	neet the applicable statutory filing requirements, this of State's records.	rior to or 90 date will not	da,
1 yped or printed name of signee	CLE V: Effective date, if effective date is listed, the of filing.) If the date inserted in the comment's effective date of CLE VI: Other provisions REQUIRED SIGNA' This did I am a	other than the date of a date must be species block does not ment to the Department of any. FURE: Signature of a menocument is execute ware that any false	the and cannot be more than five business days paget the applicable statutory filing requirements, this of State's records. Litture There are an authorized representative of a member of an authorized representative of a member of an accordance with section 605.0203 (1) (b), Florial in a document of the section of the	rior to or 90 date will not	t be
F_{i}	CLE V: Effective date, if effective date is listed, the of filing.) If the date inserted in the comment's effective date of CLE VI: Other provisions REQUIRED SIGNA' This did I am a	other than the date of a date must be species block does not men the Department of t	neet the applicable statutory filing requirements, this of State's records. Litter and cauthorized representative of a member or an authorized representative of a member of an accordance with section 605.0203 (1) (b), Florish formation submitted in a document to the Departm felony as provided for in a.817.155, F.S.	rior to or 90 date will not r. da Statutes, ent of State	t be
CANDIUS FIRES FOR INF APTIPISA AT LINE PERSONAL - 1 TO 1 - 1 A 1	CLE V: Effective date, if effective date is listed, the of filing.) If the date inserted in the comment's effective date of CLE VI: Other provisions REQUIRED SIGNA' This distance constitutions	other than the date of a date must be species block does not ment to the Department of a ment of a ment ocument is execute ware that any false nutes a third degree	neet the applicable statutory filing requirements, this of State's records. Litter and cauthorized representative of a member or an authorized representative of a member of an accordance with section 605.0203 (1) (b), Florish formation submitted in a document to the Departm felony as provided for in a.817.155, F.S.	rior to or 90 date will not	202 AFK 21