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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : HARRY G. REID, III
Account Number : I20010000189
Phone : (407)321-3911
Fax Number : (407)321-1467

TALLAHASSEE, FL

28 JUN 28 AM 10:59

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

Email Address: Harry@hgreid.com

28 JUN 28 PM 3:38

**FLORIDA LIMITED LIABILITY CO.
We Talk Dog LLC**

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

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**ARTICLES OF ORGANIZATION
FOR FLORIDA
LIMITED LIABILITY COMPANY**

ARTICLE I – NAME

The name of the Limited Liability Company is:

We Talk Dog LLC

ARTICLE II – ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:
252 Maureen Drive
Sanford, Florida 32771

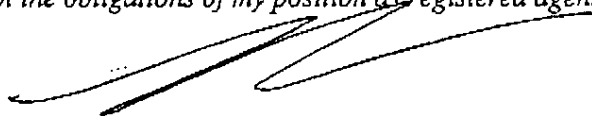
Mailing Address:
252 Maureen Drive
Sanford, Florida 32771

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

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

Harry G. Reid, III
1120 W. First Street, Suite B
Sanford, Florida 32771

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)

ARTICLE IV –

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

Title:
MGR – Manager

Name and Address:
Harry G. Reid, IV
252 Maureen Drive
Sanford, Florida 32771

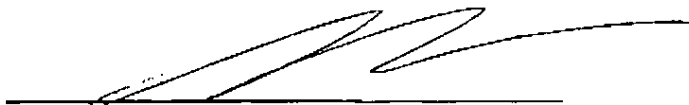
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Effective date, is the date of filing.

SIGNATURE:



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 consisted 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.)

Harry G. Reid, III

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)

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TALLAHASSEE, FL

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