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(Ře	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)	-
(Do	ocument Number)	
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2021 AUG 27 MH 1: 24 SECRETARY DE STATE

COVER LETTER

	New Filing Se Division of Co					
SUBJEC		Dedience Academy, L	I.C			
SUBJEC	.1;	Name o	f Limited Liabi	lity Company		
The encle	osed Articles of	`Organization and fee(s) are submitted	I for filing.		
Please ret	urn all corresp	ondence concerning th	s matter to the	following:		
	Mark Doug	las Schneider				_
			Name of	Person		
	No Bark Ob	edience Academy, LL	С			_
			Firm/Co	ompany		
	23420 Savo	na Court				_
			Add	ress		_
	Boca Raton.	FL 33433				
			City/State ar	d Zip Code		-
		k1991@gmail.com				_
	į	E-mail address: (to be)	used for future	innual report notificat	ion)	
For further	information co	ncerning this matter, p	lease call:			
	Mark Dougla		\$62 1 (219-9708		2
	Nan	e of Person	Area Code	Daytime Telephor	ne Number TALL	2021 AUG
Enclosed	is a check for t	he following amount:			ر ماها آخرهم در های است در های در این در های در این	27
□\$125.0	0 Filing Fee	■\$130.00 Filing Fe Certificate of Status	: Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fe Certificate of Status Certified Copy ☐ ○ (additional copy is encl	JE 3

Mailing Address

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED FJABILITY COMPANY

M D LOLE	A 1 1.1.C		
No Bark Obediene	re Academy LLC. ontain the words "Limited Li	iability Company.	"L.L.C.," or "LLC.")
(Wittal CC	man the words is intered is	monity examplify.	, , , , , , , , , , , , , , , , , , , ,
ARTICLE II - Address:		Tarangalan tilangan	It iskilin Company in
he mailing address and street	address of the principal off	ice of the Limited	Liability Company is:
<u>Princ</u>	ipal Office Address:		Mailing Address:
23420 Savona Cou	. mt	234	20 Savona Court
	111	±.2 11	20 Savona Court
Boca Raton, FL 33 ARTICLE III - Registered A The Limited Liability Compa	sgent, Registered Office, & ny cannot serve as its own R	Boc Registered Age Registered Agent.	a Raton, FL 33433
Boca Raton, FL 32 ARTICLE III - Registered A The Limited Liability Compa mother business entity with a	sgent, Registered Office, & ny cannot serve as its own R n active Florida registration	Registered Age Registered Agent.	a Raton, FL 33433 nt's Signature:
Boca Raton, FL 32 ARTICLE III - Registered A The Limited Liability Compa mother business entity with a	sgent, Registered Office, & ny cannot serve as its own R n active Florida registration	Registered Age Registered Agent)	a Raton, FL 33433 nt's Signature:
Boca Raton, FL 32 ARTICLE III - Registered A The Limited Liability Compa mother business entity with a	egent, Registered Office, & ny cannot serve as its own R active Florida registration at address of the registered a	Registered Age Registered Agent)	a Raton, FL 33433 nt's Signature:
Boca Raton, FL 33	egent, Registered Office, & ny cannot serve as its own R active Florida registration at address of the registered a	Registered Age Registered Agent) agent are:	a Raton, FL 33433 nt's Signature:
ARTICLE III - Registered A The Limited Liability Compa	egent, Registered Office, & ny cannot serve as its own R n active Florida registration et address of the registered a	Registered Age Registered Agent) agent are: ler Name	a Raton, FL 33433 nt's Signature: You must designate an individual or
ARTICLE III - Registered A The Limited Liability Compa	igent, Registered Office, & ny cannot serve as its own R n active Florida registration et address of the registered a Mark Douglas Schneic 23420 Savona Court	Registered Age Registered Agent) agent are: ler Name	a Raton, FL 33433 nt's Signature: You must designate an individual or

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)

2021 AUG 27 AH 1: 24 SECRETARY OF STATE

ARTICLE IV-

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

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		
MGR	Mark Douglas Schneider	
	23420 Savona Court Boca Raton, FL 33433	
(Use attachment if necessary)		
ne date of filing.) Note: If the date inserted in this block does the document's effective date on the Depart IRTICLE VI: Other provisions, if any.	s not meet the applicable statutory filing requirements, this date will not be ment of State's records.	e listed as
		
REQUIRED SIGNATURE:		
Ville a.	- Trella	
Signature of This document is e I am aware that any constitutes a third c	a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b). Florida Statutes. If false information submitted in a document to the Department of Statutes degree felony as provided for in s.817.155. F.S. las Schneider	
Mark Doug	las Schneider Exped or printed name of signee	
	27	المنتخصرة ا الماسية
	Filing Fees: of Organization and Designation of Registered Agent	77,-1 ; + 0 ; max=
\$ 30.00 Certified Copy (Option	al) To 一	r.
S 5.00 Certificate of Status (O	ptional) FALL 2	2