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(Re	equestor's Name)		
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Certified Copies	Certificates	s of Status	
Special Instructions to	Filing Officer:		
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## **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: Fresh Pooch LLC  Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Eric Ryszkiewicz
Name of Person
Fresh Pooch Firm/Company
Firm/Company
3015 14th Ave. W.
Address
Bradenton FC 34205.
Bradentan FC 34205.  City/State and Zip Code  Milo Ofresh pooch. Net
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Eric Ryszkiewicz at (314) 520 1147  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Street Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability	Company is:			
	resh Pooc			
(Must contai	n the words "Limited L	iability Compa	nny, "L L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add	ress of the principal of	fice of the Lim	aited Liability Company is:	
Principal	Office Address:		Mailing Address:	
3015 14th Bridenton	Ave W		3015 14th Ave. W Bradenton Fl 3420	<i>J</i> .
British :	FL 34205		Bradenton Fl 3420	7027
		<del></del>		
ARTICLE III - Registered Agen (The Limited Liability Company c another business entity with an ac The name and the Florida street ac	annot serve as its own live Florida registration	Registered Age 1.) agent are:	ent. You must designate an individ	1022 JUN -3 AM 11: 58
	بالرب المسالم	Name		
			·	
	Florida street address	(P.O. Box <b>NC</b>	<u>)T</u> acceptable)	
	Biralentan	FL	34205 Zip	
	City	State	Zip	
laving been named as registered ag lace designated in this certificate, I wither agree to comply with the pro on familiar with and accept the obli	hereby accept the appo visions of all statutes re- gations of my position of	intment as reg lating to the pr as registered as	istered agent and agree to act in thi oper and complete performance of	is capacity. T my duties, and I

(CONTINUED)

## ARTICLE IV-

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

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
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(Use attachment if necessary)	
••	iou: (OPTIONAL)
•	ing: (OPTIONAL) and cannot be more than five business days prior to or 90
E V: Effective date, if other than the date of fil ective date is listed, the date must be specific of filing.)	ing:
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E V: Effective date, if other than the date of fil ective date is listed, the date must be specific of filing.)  The date inserted in this block does not meet to ment's effective date on the Department of State VI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a member of the document is executed in	r or an authorized representative of a member. accordance with section 605,0203 (1) (b), Florida Statutes.
E.V: Effective date, if other than the date of filective date is listed, the date must be specific of filing.) The date inserted in this block does not meet to ment's effective date on the Department of State VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of the document is executed in I am aware that any false info constitutes a third degree felo	he applicable statutory filing requirements, this date will not ate's records.

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)