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| · <u> </u> | (Requestor's Name) |
|-------------------------|--------------------------|
| | |
| | (Address) |
| | (Address) |
| | (City/State/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| | (Business Entity Name) |
| | (Document Number) |
| | (, |
| Certified Copies | Certificates of Status |
| Special Instructions to | o Filing Officer: |
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Office Use Only

COVER LETTER

| TO: | New Filing Section |
|-----|--------------------------|
| | Division of Corporations |

| SUBJECT: | ONE WORD K9, LLC | |
|--------------------|--|--|
| | Name of Limited Liability Company | |
| | | |
| The enclosed Ar | ticles of Organization and fee(s) are submitted for filing. | |
| Please return all | correspondence concerning this matter to the following: | |
| | ENRIQUE SIERRA | |
| | Name of Person | |
| | | |
| . <u> </u> | | |
| | Firm/Company | |
| | 10640 NW 27+ 5+ 5te A20 | |
| | Address | |
| | DORAL, FL 33172 | |
| | City/State and Zip Code | |
| | esierra () NAdevico. Com | |
| | E-mail address: (to be used for future annual report notification) | |
| For further inform | ation concerning this matter, please call: | |

ENRIQUE STERRA at (305)979-3517 Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$\$125.00 Filing Fee

□\$130.00 Filing Fee & Certificate of Status

☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address</u> 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 FLORIDA CAPITAL COURIER SERVICES. INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

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| Please use funds from account: I20210000160 An Authorization Signature <u>Janes Pull</u> One World K9, LLC | mount: paid \$125.00 | |
|--|--|--|
| Business Name | Document # | |
| Walk in | Pick up time | |
| | | |
| Mail out | Will wait | |
| Photocopy | | |
| Certified Copy (s)of Articles of Organization | | |
| Certificate of Status | | |
| <u>NEW FILINGS</u> | AMMENDMENTS | |
| Profit Not for Profit X_ Limited Liability Domestication Other CORP | Amendment Resignation of R.A. Officer/Director Change of Registered Agent Revocation of Dissolution Merger Conversion Articles of Conversion Resignation | |
| OTHER FILINGS | REGISTRATION/QUALIFICATIONS | |
| Annual Report | Foreign filing Limited Partnership | |
| Fictitious Name ARTICLES OF CORRECTION | Reinstatement | |
| APOSTIL) | Other | |

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EXAMINER'S INITIALS:_____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must contain the words "Limited Liability Company, "ILLC.,"

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

10640 NW2175+ 5-1+2AJOI DORAL, FLZSMD

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:

Name GREGORY J. WIGHT Name Steffizer (Ste A201) Florida street address (P.O. Box NOT acceptable) 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 1 jurther agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, an θ Φ 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)

ARTICLE IV-

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:

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

| Title: "AMBR" = Authorized Member | Name and Address: | | |
|---|---|--|--|
| "MGR" = Manager | | | |
| MGR_ | ENRIQUE SIERRA | | |
| | 101.40 NW JONST | | |
| | Ste A 201 | | |
| · | DORAL, FL 33177 | | |
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| (Lice superhorest if accorded) | יידי היי ייזי הרד | | |
| (Use attachment if necessary) | | | |
| the date of filing.) | ific and cannot be more than five business days prior to or 90 days after et the applicable statutory filing requirements, this date will not be listed as | | |
| ARTICLE VI: Other provisions, if any. | | | |
| REQUIRED SIGNATURE: | Muy Conecory J wright | | |
| Signature of a mem | DCT of an Sulborized representative of a member. | | |
| This document is executed I am aware that any false it | t in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State clony as provided for in #817.155, F.S. | | |
| | Typed or printed thing of signee Gregory J Wright | | |
| | Filing Ress | | |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)