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Account Name : HAND ARENDALL HARRISON SALE LLC Account Number : 120150000128

Phone

: (850)769-3434

: (858)769-6121 Fax Number

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

Enest Address: jeampfield@handfirm.com

FLORIDA LIMITED LIABILITY CO. LAZYDOGDAYZ, LLC

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ARTICLES OF ORGANIZATION OF LAZYDOGDAYZ, LLC

ARTICLE I - NAME

The name of the limited liability company is LAZYDOGDAYZ, LLC, ("company").

ARTICLE II - ADDRESS

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

<u>Principal Office Address</u> :	Mailing Address:	
1322 MIRACLE STRIP PARKWAY	1322 MIRACLE STRIP PARKWAY	
UNIT 607	UNIT 607	٠.
FORT WALTON BEACH, FL 32548	FORT WALTON BEACH, FL 32548	

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

HAND ARENDALL HARRISON SALE, LLC C/O JANE KERRIGAN 111 NORTH COUNTY HIGHWAY 393, STE. 203 SANTA ROSA BEACH, FL 32459

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.

HANT/ ARENDALL HARRISON SALETULC

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ARTICLE IV - MANAGERS OR MEMBERS

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

<u>Title</u>: <u>Name and Address</u>:

"MGR" = Manager

"AMBR" = Authorized Member

MGR JAMES D. MURPHY-BLOUNT

1322 MIRACLE STRIP PKWY, UNIT 607 FORT WALTON BEACH, FL 32548

MGR KATIA V. MURPHY-BLOUNT

1322 MIRACLE STRIP PKWY, UNIT 607

FORT WALTON BEACH, FL 32548

ARTICLE V - EFFECTIVE DATE

The effective date of the company shall be $\frac{1/24/2023}{}$

REQUIRED SIGNATURE:

- Marian

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 s.817.155. F.S.

James Murphy-Blount Katia Murphy-Blount

Typed or printed name of signee