Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H23000034509 3)))



H230000345093ABC-

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 er : (305)675-5944 Fax Number

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

Email	Address:			

## FLORIDA LIMITED LIABILITY CO. WORLD FAMOUS PUPPIES LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help



C)

ARTICLESC	DFORGANIZATION F	OR FLORIDALIN	ATTED LABILATY	COMPANY	
•			••		
RTICLE I - Name:					
he name of the Limited Liabil	lity Company is:				
WORLD FAMOUS	PUPPIES LLC				
(Must cor	ntain the words "Limit	ted Liability Con	pany, "L.L.C.," o	r "LLC.")	
RTICLE II - Address: he mailing address and street	address of the princip	al office of the L	imited Liability C	ompany is:	
Princi	Principal Office Address:		Mailing Address:		
7870 NW 52 STRE	ET	<u></u>	7870 NW 52 ST	TREET	
MIAMI, FL 33166	· · · · · · · · · · · · · · · · · · ·	na en la casa e Santa de la casa en la	MIAMI, FL 33	166	
1.200 S 1.1 1.1 - 1.2 - 1	eriore constant of the second	10 10 10 10 10 10 10 10 10 10 10 10 10 1		34 34 34 34 34 34 34 34 34 34 34 34 34 3	
ARTICLE III - Registered Appendix of the Limited Liability Companiother business entity with an the pame and the Florida stree	y cannot serve as its of active Florida registre t address of the registre	own Registered A ation.). cred agent are:	d Agent's Signati igent, You must d	are: esignate an individual or	
	JEREMIAHS SE		<del> </del>	<del></del>	
		Name			
	220 MIRACLE N	AILE 224A			
				<del></del>	
	Florida street add		NOT acceptable)		

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. If 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.

City

State

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED):

. . . .

. . . .

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:				
MGR	ERIK R TORRES 7870 NW 52 STREET MIAMI, FL 33166				
,, <del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>					
, <del>                                    </del>					
**************************************					
(Use attachment if necessary)	of filing: 01/25/2023 (OPTIONAL)				
a enective date is nited; the nate must be sp late of filing.)	ectic and cannot be more than five business days prior to or neet the applicable statutory filing requirements, this date will				
E: If the date inserted in this block does not i	or since a records.	C			
e: If the date inserted in this block does not relocument's effective date on the Department  ICLE VI: Other provisions, if any.					
document's effective date on the Department					

Typed or printed name of signee

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agents
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Oct.)

- \$ 5.00 Certificate of Status (Optional)