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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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| WAGS PALM BEACI | H, LLC | |] | | | | |
| Please Debit FCA00000 | 00003 For: 12 | 5 | | | ٠. | 2025 | |
| Thank you Sath Maalay | , | | | | | | |
| Thank you Seth Neeley | , | | | Art of Inc. File ETD Partnership File Foreign Corp. File L.C. File Fictitious Name File Trade/Service Mark Merger File Art. of Amend. File RA Resignation Dissolution / Withdrawal | | 74 C C 75 75 | |
| | | | _ | Annual Report / Reinstatement Cert. Copy | | | |
| | | | | Photo Copy | | | |
| | | | | Certificate of Good Standing_ | | | |
| | | | l | Certificate of Status | | | |
| | | | | Certificate of Fictitious Name_ | | | |
| | | | | Corp Record Search | - | | |
| , | | | | Officer Search | | | |
| | / | | | Fictitious Search | | | |
| Signature | | | | Fictitious Owner Search | | | |
| Signature | | | | Vehicle Search | | | |
| | | _ | | Driving Record | | | |
| Requested by: | | | | UCC 1 or 3 File | | | |
| Name | Date | Time | | UCC 11 Search | | | |
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| Walk-In | Will Pick Up | | | Courier | | | |

COVER LETTER

| | New Filing Section Division of Corporations | | |
|-------------|---|--|--|
| SUBJEC | Wags Palm Beach, LLC | | |
| SOBJEC. | | of Limited Liability Company | |
| The enclo | sed Articles of Organization and f | ee(s) are submitted for filing. | |
| Please reti | urn all correspondence concerning | this matter to the following: | |
| | Rick Kozell | | : |
| | | Name of Person | |
| | Law Office of Rick Kozeli | | |
| | *** | Firm/Company | |
| | 616 SE Dixie Hwy. | | . 7 |
| | 11-11-22 | Address | |
| | Stuart, FL 34994 | | |
| | rick@kozell-law.com | City/State and Zip Code | |
| | E-mail address: (to | be used for future annual report notification) | |
| For further | information concerning this matte | r. please call: | |
| | Rick Kozell | 772 287-3100 at () | |
| | Name of Person | Area Code Daytime Telephone Numbe | |
| Enclosed | is a check for the following amou | nt: | |
| | Filing Fee \$130.00 Filing F Certificate of St | ce & \$155.00 Filing Fee & \$160 certified Copy (additional copy is enclosed) Certified Copy | 0.00 Filing Fee, ificate of Status & ified Copy. onal copy is enclosed) |
| | Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Wags Palm Bea | | | | |
|--|--|----------------------------------|--|-------------|
| (Must | contain the words "Limited | Liability Company. | "L.L.C.," or "L.L.C.") | |
| ARTICLE II - Address: The mailing address and str | reet address of the principal of | office of the Limited | Liability Company is: | |
| <u>Pri</u> | incipal Office Address: | | Mailing Addres | <u>ss</u> : |
| 616 SE Dixie Hwy | | 616 | 616 SE Dixie Hwy | |
| Stuart, FL 3499 | Stuart, FL 34994 | | Stuart, FL 34994 | |
| The name and the Florida's | treet address of the registere | d agent are: | | :: 9:47 |
| | Rick Kozell PLLC | Name | ······································ | 7 |
| | | | | |
| | 616 SE Divia blue | | | |
| | 616 SE Dixie Hwy Florida street addre | ss (P.O. Box <u>NOT</u> ac | cceptable) | |
| | | ss (P.O. Box <u>NOT</u> ac FL | eceptable) 34994 | |
| | Florida street addre | FL State | 34994 Zip | |

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 Ryan Goessel (Use attachment if necessary) ______. (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: n/a (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be tisted as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. Company shall be manager-managed REQUIRED SIGNATURE: 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 \$.817.155, F.S. Ryan Goessel Typed or printed name of signee Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)