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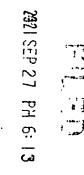
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COVER LETTER

TO:

TO:	Registration Section Division of Corporations			
SUBJ!	The Dog Boss LLC			
	Na Na	ame of Limited Liability Company	•	
		ty Company for Authorization to Transact Business in Florida, we referenced foreign limited liability company to transact busi		
Please	return all correspondence concerning this matte	τ to the following:		
	Edgar L. Mann			
		Name of Person		
	The Dog Boss LLC			
		Firm/Company	•	
	1015 Hudson Road			
		Address	•	
	Venice, FL 34293			
		City/State and Zip Code	2	
	etm@thedogboss.net		1991 SEP 27	
	E-mail address: (to	be used for future annual report notification)	· 무 2	່ 6 ປ± ປະ
For fu	rther information concerning this matter, please	cull:	7 -	•
	Edgar L. Mann	717 989-0309 :	1 PM 6:	. 14. 14
	Name of Contact Person	Area Code Daytime Telephone Number	<u></u>	
	Mailing Address: Registration Section	Street Address: Registration Section		
Division of Corporations		Division of Corporations		
	P.O. Box 6327	The Centre of Tallahassee		
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enclosed is a check for the following amount Please make check payable to: FLORIDA DE \$125.00 Filing Fee S130.00 Filing Certificat	EPARTMENT OF STATE		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

If name may alable, enter alternate	name adopted for the purpose of transacting business in Fl	orida. The alternate name must include "Lin	nited Liability Company.	""L.L.C." 01	 L.C
Pennsylvania	was marked by the bar hour or arranged management	47-2291916			
	which foreign limited liability company is organized)	2	: I number, if applicable)		_
(Jurisdiction under the law of v	which foreign limited hability company is organized)	(11	of number, if applicable)		
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determi	registration.) ne penalty liability)			
1015 Hudson Road Vo	enice, FI 34293	1015 Hudson Road Ve			
treet Address of Principal Office)		6(Mailing Address)			-
		•			
		•			
					_
					_
				2621	_
Name and street addre				2021 SEI	-
. Name and street addre	ss of Florida registered agent: (P.O. Box			701 SEP 2	
. Name and street addre				7021 SEP 27 F	
. Name and street addre	ss of Florida registered agent: (P.O. Box			PK	
Name:	ss of Florida registered agent: (P.O. Box			PH 6:	
	ss of Florida registered agent: (P.O. Box Edgar L. Mann		L	PK	
Name:	ss of Florida registered agent: (P.O. Box Edgar L. Mann			PH 6: 1	

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Edgar L. Mann Janell N. Mann Name: _ Manager ■Manager 1015 Hudson Road Address: _ 1015 Hudson Road Address: ☐ Member ☐ Member Venice, FI 34293 Venice, Fl 34293 Authorized □ Authorized Person Person □Other____ Other □Other_____ □Other □Manager □Manager Name: ____ Name: □ Member Address: □Member Address: ____ □ Authorized □Authorized Person Person □Other □ Other_____ □Other □Other Name: □Manager □Manager ☐ Member Address: ____ ☐ Member Address: ____ □ Authorized □ Authorized Person Person Other____ □Other____ □ Other □Other ____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. 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. Signature of an authorized person

Typed or printed name of signee

Edgar L. Mann

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

09/22/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT.

THE DOG BOSS LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

THE CONTROL OF THE CO

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Acting Secretary of the Commonwealth

Certification Number: TSC210922182597-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify