L14000064927

(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
(Bi	usiness Entity Name	<u> </u>
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	ocument Number)	
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Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE

APR 2 2 2013 T. **HAMPTON**

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	A Big White Dog,	LLC	
3004		ted Liability Company	
The e	enclosed Articles of Organization and fee(s) are	submitted for filing.	
Please	e return all correspondence concerning this mat	ter to the following:	
	Jacquie MacDonal	ld	
		Name of Person	
	A Big White Dog, I	LC	
		Firm/Company	
	P.O. Box 333		
		Address	
	Dunedin, FL 3469	7-0333	
	Cit	y/State and Zip Code	
	E-mail address: (to	be used for future annual report notification)	
For fu	ourther information concerning this matter, please	e call:	
	Name of Person at (rea Code Daytime Telephone Number	
Enclos	osed is a check for the following amount:		
\$125.	5.00 Filing Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}	\$155.00 Filing Fee & \$160.00 Filing Certified Copy (additional copy is enclosed) Certified Copy (additional	Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courler Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	



February 5, 2014

JACQUIE MACDONALD P O BOX 333 DUNEDIN, FL 34697-0333

SUBJECT: A BIG WHITE DOG, LLC

Ref. Number: W14000007553

We have received your document for A BIG WHITE DOG, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist III

Letter Number: 314A00002610

www.sunbiz.org

	ARTICLES OF ORGANIZATION	N FOR FLORIDA LIMITED LIABILITY	COMPANY
	ARTICLE I - Name:		
	The name of the Limited Liability Company is:		
	A Big White Dog, LLC (Must end with the words "I	imited Liability Company, "L.L.C.," (or "LLC")
	·	Similar Elability Company, E.E.C.,	<i>J. 110</i> .)
	ARTICLE II - Address: The mailing address and street address of the prin-	icinal office of the Limited Liability Co	omnany is:
	·	•	ompany is.
	Principal Office Address:	Mailing Address:	
	P.O. Box 333	P. O. Box 333	
	Dunedin, L 34697-0333	Dunedin, FL 34697-0333	
/	<i>[</i>		<u> </u>
	ARTICLE III - Registered Agent, Registered C (The Limited Liability Company cannot serve as i another business entity with an active Florida reg The name and the Florida street address of the reg	its own Registered Agent. You must de istration.)	
	Jacquie MacDonald		
		Name	
	11350 66 Street #105		
		O. Box NOT acceptable)	
	Largo	FL 33773	
	City	Zip	
	Having been named as registered agent and to act the place designated in this certificate, I hereby capacity. I further agree to comply with the provof my duties, and I am familiar with and accept Registered Agent's	y accept the appointment as registered visions of all statutes relating to the pro	agent and agree to act in this oper and complete performance
	/(con	NTINUED)	TALLY TALLY
	Pa	age 1 of 2	
			18 18
	7 107C Dunbar Oldsmar, FL 34677	- avenue	TALLAHASSEE TLORIDA
		-	
	34677		
	<i>'</i>		

AMBR" = Manager MGR" = Manager Jacquie MacDonald P. O. Box 333 Dunedin, FL 34697-0333 Use attachment if necessary) V: Effective date, if other than the date of filing: tive date is listed, the date must be specific and cannot be more than five business days prior to a filling.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this docur constitutes an affirmation-under, the penalties of perjury that the facts stated herein are tr I am aware that any false information submitted in a document to the Department of Stat constitutes a third degree felony as provided for in s.817.155, F.S.) Jacquie MacDonald Typed or printed name of signee Filling Fees: \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent	<u> Fitle:</u>	d Maushan	Name and Address:
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