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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

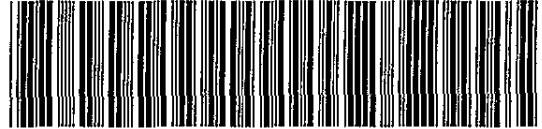
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/28/03
[Signature]

**M. Suzanne Young
3995 Alesbury Drive
Jacksonville, Florida 32224
904/992-8144**

July 22, 2003

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

Enclosed please find the following for the purpose of forming a Florida Limited Liability Company:

- Transmittal Letter
- Articles of Organization for Florida Limited Liability Company
- Check in the amount of \$160.00

Thank you very much for your assistance in this matter.

Sincerely,


M. Suzanne Young

Enclosures

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Doggie Dip, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

M. SUZANNE YOUNG
(Name of Person)

(Firm/Company)

3995 Alesbury Dr.
(Address)

JACKSONVILLE, FL 32224
(City/State and Zip Code)

For further information concerning this matter, please call:

M. SUZANNE YOUNG at (904) 992-8144
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Doggie DiP, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

3995 Alesbury Dr.
JACKSONVILLE, FL 32224

3995 Alesbury Dr.
JACKSONVILLE, FL 32224

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

M. SUZANNE YOUNG
Name

3995 Alesbury Dr.
Florida street address (P.O. Box NOT acceptable)
JACKSONVILLE FL 32224
City, State, and Zip

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 608, F.S.

M. Suzanne Young
Registered Agent's Signature

(CONTINUED)

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TALLAHASSEE, FL

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

M. SUZANNE Young
3995 ALESBUCKY DR.
JACKSONVILLE, FL 32224

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

M. Suzanne Young
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

M. SUZANNE YOUNG
Typed or printed name of signer

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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