

L060000/7281

2006 FEB -7 P 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Bulldog Emergency Locksmith, LLC

The enclosed Articles of Organization (original and one copy) and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

David J. Rose  
P.O. Box 639  
Bunnell, Florida 32110

For further information concerning this matter, please contact:

David J. Rose  
(386)586-6829

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

**Bulldog Emergency Locksmith, LLC**

**ARTICLE II – Address:**

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

**Principal Office Address and Mailing Address:**

**Office:**

**5357 Nutwood Ave**  
**Bunnell, Florida 32110**

**Mailing:**

**P.O. Box 639**  
**Bunnell, Florida 32110**

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

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

**David J. Rose**  
**5357 Nutwood Ave.**  
**Bunnell, Florida 32110**

*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, Florida Statutes.*



Registered Agent's Signature

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TALLAHASSEE, FLORIDA

**ARTICLE IV – Manager or Managing Member:**

The name and address of the Managing Member is as follows:

**Title:**

MGRM

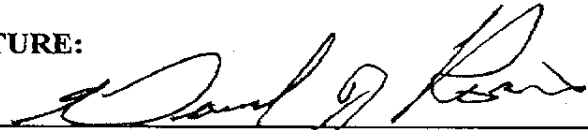
**Name and Address:**

David J. Rose  
5357 Nutwood Ave.  
Bunnell, Florida 32110

**ARTICLE V – Effective Date:**

The effective date of organization is February 6, 2006

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of Managing 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.)

\_\_\_\_\_  
David J. Rose  
Typed or printed name of signer