

L0800002210Z

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/29/08--01018--017 **55.00

02/11/08--01025--005 **70.00

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08 MAR '3 PM 3:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

W08-7487

62. Outagam MAR - 3 2008

February, 25, 2008

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Change in original filing

My first attempt at filing to incorporate was rejected. Meanwhile, I have decided to file as an LLC. I am therefore returning the information you sent me explaining why I was rejected as well as proof of the \$70.00 I have paid in filing fees. I am also including the filing information to become an LLC rather than an Incorporated company. This seems to be more logical. Lastly, I am including a check for the remaining balance of \$55.00.

Thank you,

A handwritten signature in cursive script, appearing to read 'Caryn', written in black ink.

Caryn Krumwiede

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: DOG DAYS RESORT AND SPA, 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:

CARYN KRUMWIEDE

(Name of Person)

Dog Days Resort and Spa, LLC

(Firm/Company)

4868 N. Magnolia Ave

(Address)

Winter Park FL 32792

(City/State and Zip Code)

For further information concerning this matter, please call:

Caryn Krumwiede

(Name of Person)

at (407) 869-7651

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

\$55.00

125.00
(70) already pd
\$55

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DOG DAYS RESORT AND SPA LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

4868 N Magnolia Ave
Winter Park FL 32792

Mailing Address:

4868 N Magnolia Ave
Winter Park FL 32792

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Caryn Krumwiede

Name

4868 N. Magnolia Ave

Florida street address (P.O. Box **NOT** acceptable)

Winter Park FL 32792

City, State, and Zip

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TALLAHASSEE FLORIDA

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.

Caryn Krumwiede

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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:

MGRM

Caryn Krumwiede
4868 N. Magnolia Ave
Winter Park FL 32792

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(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.)

REQUIRED SIGNATURE:

Caryn Krumwiede
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.)

Caryn Krumwiede
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE FLORIDA

08 MAR '03 PM 3:38

FILED

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)