L08000101835

(Requestor's Name)			
(Address)	_		
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status	_		
Special Instructions to Filing Officer:			
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Office Use Only



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EXAMINER

COVER LETTER.

TO:	Registration Section Division of Corporations
SUBJE	CT: Happy Hot Vas UC. (Name of Limited Liability Company)
The enc	losed Articles of Organization and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
-	eturn all correspondence concerning this matter to the following: LIZ Barungartner Mark Mark Mark Mark Mark Mark Mark Mar
	Happy Hot Dogs (Firm/Company)
_	27447 Waikiki (+ (Address)
-	Wessey Chapel, Florida 33544 (City/State and Zip Code)
For furt	her information concerning this matter, please call:
-Li-	(Name of Person) (Area Code & Daytime Telephone Number)
Enclose	ed is a check for the following amount:
□\$125 .0	O Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 24, 2008

LIZ BAUMGARTNER HAPPY HOT DOGS 27447 WAIKIKI COURT WESLEY CHAPEL, FL 33544

SUBJECT: HAPPY HOT DOGS LLC

Ref. Number: W08000048874

E FILED ON S. 15

LU7 -31157

We have received your document for HAPPY HOT DOGS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$160.00 payment.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of, Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6914.

Buck Kohr Regulatory Specialist II

Letter Number: 908A00054949

ARTICLE I - Name: The name of the Limited Liability Company is: **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: **Principal Office Address: Mailing Address:** 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: Baumartner Marm Florida street address (P.O. Box NOT acceptable) Wester Chape FL 33544 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..

(CONTINUED)
Page 1 of 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILIT

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Liz Baumaartner morn 27447 Martiki († Westry Chapel, Fl 33544
	•
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the If an effective date is listed, the date must be or 90 days after the date of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days price
DECLUDED GLGNATUDE	

REQUIRED SIGNATURE:

(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.)

Typed or printed name of signee

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)