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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #	/)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
,		

Office Use Only



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02/27/09--01015--029 **155.00



S. HAWKES

MAR 3 2009

EXAMINER

COVER LETTER

10: Registration Section Division of Corporations	
SUBJECT: Doggie Derby Concepts	s, LLC
(Name of Limi	ted Liability Company)
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this man	tter to the following:
Julie Hemphill	
	(Name of Person)
	(Firm/Company)
4308 Upper Union Road	
	(Address)
Orlando, Florida 32814	
(Ci	ity/State and Zip Code)
For further information concerning this matter, pleas	se call:
Julie Hemphill	_{at (} 321 ₎ 439-3933
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\text{Status}\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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 FL	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	THE THE PARTY OF T
The name of the Limited Liability Company is:	
Doggie Derby Concepts, LLC	
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4308 Upper Union Road	4308 Upper Union Road
Orlando, Florida 32814	Orlando, Florida 32814
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another
Julie Hemphill	
Name	
4308 Upper Union Ro	oad
	ress (P.O. Box <u>NOT</u> acceptable)
Orlando, FL 32814	FL
City, State, and	nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

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	Name and Address:
"MGRM" = Managing M	ember
MGRM	Julie Hemphill
	4308 Upper Union Road
	Orlando, Florida 32814
MGRM	Robert Hemphill 3
	4308 Upper Union Road
	Orlando, Florida 32814
MGRM	Lisa McWhirter 2998 Stanfield Avenue Orlando, Florida 32814
	2998 Stanfield Avenue
	Orlando, Florida 32814
MGRM	Brian McWhirter
	2998 Stanfield Avenue
	Orlando, Florida 32814
	ther than the date of filing: (OPTIONAL) late must be specific and cannot be more than five business days
<u>REQUIRED</u> SIGNATU	RE:
Signatur	e of a member or an authorized representative of a member.
(In accor	dance with section 608.408(3), Florida Statutes, the execution

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)

Julie Hemphill

that the facts stated herein are true.)

Typed or printed name of signee