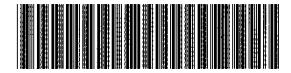
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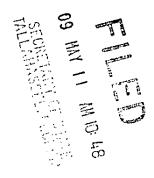
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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S. HAWKES

MAY 1 3 2009

EXAMINER

# **COVER LETTER**

TO:

**Registration Section** 

Division of C	Corporations				
SUBJECT:	BULLDOG	INVE	ESTIGA	TIONS	S,LLC
	Name of Limi	ted Liabi	lity Compa	iny	
The enclosed Articles	of Organization and fee(s) are	: submitte	ed for filing	<b>5</b> .	
Please return all corre	spondence concerning this ma	tter to the	e following	:	
	STE		D. GRE	EN	
		Name o	f Person		
	BULLDOG			ONS, LL	С
		Firm/Co	ompany		
	23781 U.S	S. HGII	HWAY 2	7 # 319	
		Add	lress		
	LAKE W	ALES,F	-LORIDA	33859	
	Ci	ty/State ar	nd Zip Code		
	Ste E-mail address: (to be used	ve@pic	oncall.co	m et notificatio	on)
For further informatio	n concerning this matter, pleas		and an Topic	i iiiiiiii	var,
	eve Green	at (	863)		978-0125
Nam	e of Person		Area Code	& Daytime	Telephone Number
Enclosed is a check	for the following amount:				
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Cei	5.00 Filing rtified Cop ditional copy	ру	S160.00 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		Registration Olivision of Clifton Books 2661 Execution 1	urier Addr on Section of Corporat uilding cutive Cent ee, FL 3230	itions iter Circle

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:
, ,	0
BULLDOG INVES	TIGATIONS.LLC
	ability 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:	Mailing Address:
23781 U.S. HIGWAY 27 # 319 Lake Wales,Florida 33859	same
	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another e registered agent are:
Stephen	D. Green
Nar	ne
23781 U.S. Hi	ghway 27 # 319
Florida street address (P	O. Box NOT acceptable)
Lake Wales 33859	FL
City, State	, and Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S

(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:

"MGR" = Manager	
"MGRM" = Managing Member	
mgem	
Tilgmr_	Stephen D. Green
	23781 U.S. Highway # 319
	Lake Wales, Florida 33859
<u>mgr</u>	Dwanda S. Green
	same Same
	·/
	<del></del>
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	
(Use attachment if necessary)	
• /	an the date of filing: . (OPTIONAL)
CLE V: Effective date, if other that	an the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior
CLE V: Effective date, if other tha  ffective date is listed, the date m	an the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior
CLE V: Effective date, if other that ffective date is listed, the date me days after the date of filing.)	an the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior
CLE V: Effective date, if other tha  ffective date is listed, the date m	an the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior
CLE V: Effective date, if other that ffective date is listed, the date me days after the date of filing.)	an the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior
CLE V: Effective date, if other that ffective date is listed, the date modays after the date of filing.)  REQUIRED SIGNATURE:	ust be specific and cannot be more than five business days prior
CLE V: Effective date, if other that ffective date is listed, the date me days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a me	ust be specific and cannot be more than five business days prior  nember or an authorized representative of a member.
CLE V: Effective date, if other that offective date is listed, the date me days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a me (In accordance we determine the date)	nember of an authorized representative of a member.
CLE V: Effective date, if other that ffective date is listed, the date me days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a me of this document	ust be specific and cannot be more than five business days prior  nember or an authorized representative of a member.
CLE V: Effective date, if other that offective date is listed, the date me days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a me of this document	nember of an authorized representative of a member.  with section 608.408(3), Florida Statutes, the execution at constitutes an affirmation under the penalties of periury
CLE V: Effective date, if other that ffective date is listed, the date me days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a me of this document	nember of an authorized representative of a member.  with section 608.408(3), Florida Statutes, the execution at constitutes an affirmation under the penalties of perjury ted herein are true.)
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CLE V: Effective date, if other that effective date is listed, the date median days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a mean of this document that the facts state of the date of the	nember of an authorized representative of a member.  with section 608.408(3), Florida Statutes, the execution at constitutes an affirmation under the penalties of perjury ted herein are true.)  Typed of printed name of signee

Page 2 of 2

\$ 5.00 Certificate of Status (Optional)