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## COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	Name of Limited Hability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	KAREN ALBRECHT
·	Name of Person
	KAREN'S HOT DOGS
•	Firm/Company
	132 Guild Dr
	Address
	VENICE, FL 34285 City/State and Zip Code
	City/State and Zip Code
-	frankkarena @ Verizon.net  E-mail address: (to be used for future annual report notification)
For fun	ther information concerning this matter, please call:
Kar	ren Albrecht at (941) 484-5550  Name of Person Area Code & Daytime Telephone Number
Enclos	ed is a check for the following amount:
<b>\$</b> 125.	00 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  Street/Courier Address Registration Section Division of Corporations Division of Corporations Clifton Building Tallahassee, FL 32314  Street/Courier Address Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
KAREN'S HOT DOGS, LLC (Must end with the words "Limited Liability	y Company," "L.L.C.," or "LLC.")
ARTICLE II - Address:	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
132 Guild DR VENICE, FL 34485	132 Guilo DR VENICE, FL 34285
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:  NACE TAR  SECRETAR  ANSS
KAREN ALBRECHT	Box NOT acceptable) FL 34285
Name	Box NOT acceptable)  REF FLORIDE  SEE FLORID
132 Guico Dr	TIS IS
Florida street address (P.O. I	Box NOT acceptable)
VENICE, City, State, and	FL 34285 EM
	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

## Page 1 of 2

ARTICLE IV- Manager(s) or	Managing	Member	(8):
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The name and address of each Manager or Managing Member is as follows:

"MGR" = Mana "MGRM" = Ma					
111011111 1110	naging Member				
MCO	maging monoci	1/			
MGR		KAREN ALBRECHT	<del></del>		
		732 Guild DR Venice, FL 34285			
		VENICE, PL 34285			
MGR		FRANK ALBRECHT			
		132 Guild PR			
		VENICE, FL 34285			
<del></del>	<del></del>				
			<del></del>		
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(I lan attachmen					
CLE V: Effective	if necessary) date, if other than the d	ate of filing: (C	OFTION		
CLE V: Effective	date, if other than the disted, the date must be slate of filing.)  IGNATURE:  Signature of a member of this document constitution.	specific and cannot be more than five buse of an authorized representative of a member.  on 608.408(3), Florida Statutes, the execution on the same an affirmation under the penalties of perjury	siness d	ays p	q.
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CLE V: Effective effective date is li days after the d	date, if other than the disted, the date must be slate of filing.)  IGNATURE:    Maren Ale Signature of a member of this document constituted that the facts stated hereing the state of the state of the facts stated hereing the state of the state of the state of the facts stated hereing the state of the	or an authorized representative of a member.  on 608.408(3), Florida Statutes, the execution on the authorized representative of a member.	siness d	ays p	q.