# 111000014945

(Requestor's Na	me)
(Address)	
(Address)	
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PICK-UP WAI	T MAIL
(Business Entity	/ Name)
(Document Nun	nber)
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EFFECTIVE DATE 0/28-2011

FILED

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SEUNG SEE DESTATE
ALLAHASSEE, FLORIDA

B. BOSTICK
FEB 4 2011
EXAMINER

# **COVER LETTER**

TO:	Registratio Division of	on Section Corporations		
SUBIE	cr. Alph	na Dog Enterprise,	LLC	
SODJE	.c		ted Liability Company	
The enc	losed Article	es of Organization and fee(s) are	submitted for filing.	
Please r	eturn all corr	respondence concerning this mat	tter to the following:	
	Garry F	lirt		
-			Name of Person	-
-			Firm/Company	-
	8880 N	W 11 Court	• •	
_			Address	••
F	Pembrok	e Pines, FL 33024		<u>.</u> .
•			ty/State and Zip Code	-
<u> </u>	Kjwolfe3@	@bellsouth.net	<u> </u>	
		E-mail address: (to be used)	for future annual report notification)	TERRAMI JORGANIA
For furt	her informati	on concerning this matter, please	se can:	
Garry	/ Hirt		at (954 ) 441-0449 95 '	
	Na	me of Person	Area Code & Daytime Telephone Number	
Enclose	ed is a check	k for the following amount:		
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	i)
		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

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:	
Alpha Dog Enterprise, LLC	
(Must end with the words "Limited Liabilit	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:
8880 NW 11 Court	same as principal office
Pembroke Pines, FL 33024	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registered)	
business entity with an active Florida registration.)  The name and the Florida street address of the re	raistered agent are:
Garry Hirt	gistered agent are.
Name	- <del> </del>
8880 NW 11 Cour	t Ass
Florida street addr	ress (P.O. Box NOT acceptable)
Pembroke Pines	FL 33024
City, Stat	te, and Zip
liability company at the place designated in th 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)

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:

MGR	Garry Hirt
	8880 NW 11 Court Pembroke pines, FL 33024
	remotoke pines, r.L. 33024
<del> </del>	
	To -
	Lu-:
	12: 17: 10: 10: 10: 10: 10: 10: 10: 10: 10: 10
·····	
	<u> </u>
(Use attachment if necessary)	
• •	24.22.224
	n the date of filing: 01-28-2011 . (OPTION ast be specific and cannot be more than five business da

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Garry Hirt

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)