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D. BRUCE
JUN 24 2011
EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 13, 2011

SHELLEY WEST 333 TIMBER GROVE COURT ORLANDO, FL 32828

SUBJECT: HOT DIGGITY DOG LLC

Ref. Number: W11000032012

11 JUN 23 PH IZ) 26

We have received your document for HOT DIGGITY DOG LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 511A00014369

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	CCT: Hot Doggity Dog Name of Limited Liability Company	
The end	closed Articles of Organization and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Shelley west	
-	Name of Person Hot Diggity Dog Firm/Company	
-	333 Timber Grove Court	
	orlando, FL 32828	123 P
_	City/State and Zip Code Shelleyspassion Gyahoo. Com E-mail address: (to be used for future annual report notification)	\$
For furt	ther information concerning this matter, please call:	
	Name of Person at (678) 978:1173 Area Code & Daytime Telephone Number	
Enclose	ed is a check for the following amount:	
\$ 125.00	Filing Fee \$\times\text{\$\text{\$\text{\$\text{S}}\$}\$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	&
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

	Smokin Hot Dogs 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	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
333 Timber Grove Court orlando, FL 32828	333 Timber Grove Court
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registationsess entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
Shelley W	第 里 厅
Name	
	· Grone Court
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
orlando	FL 32828
	te, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity	ccept service of process for the above stated limited as a sertificate, I hereby accept the appointment as I further agree to comply with the provisions of all
statutes relating to the proper and complete per	formance of my duties, and I am familiar with and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

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	Name and Address:
MGR	Shally west 10001 ogkshadon > St. Apt 113
MGRM	Byron Hiller 333 Timber Grone Gart angroo FL 32828
(Use attachment if necessary) CLE V: Effective date, if other that effective date is listed, the date mu	n the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days n
CLE V: Effective date, if other than	n the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days p
CLE V: Effective date, if other than effective date is listed, the date multiple days after the date of filing.) REQUIRED SIGNATURE:	n the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days p
CLE V: Effective date, if other than effective date is listed, the date multiple days after the date of filing.) REQUIRED SIGNATURE: Signature of a medical constitutes an affirmation I am aware that any false in	ust be specific and cannot be more than five business days p
CLE V: Effective date, if other than effective date is listed, the date multiple days after the date of filing.) REQUIRED SIGNATURE: Signature of a medical constitutes an affirmation I am aware that any false is constitutes a third degree in the constitutes at third degree in the constitutes at	ember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State
CLE V: Effective date, if other than effective date is listed, the date multiple days after the date of filing.) REQUIRED SIGNATURE: Signature of a medical constitutes an affirmation I am aware that any false is constitutes a third degree in the constitutes at third degree in the constitutes at third degree in the constitutes at the	ember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)