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(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
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(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	
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2011 JUL 19 PH S HO SECRETARY OF STATE

C. LEWIS

JULZO 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 12, 2011

TIM L. RAY 925 NW 127TH COURT OCALA, FL 34482

SUBJECT: DOGGIE STYLEZ LLC Ref. Number: W11000036685

We have received your document for DOGGIE STYLEZ LLC and your check(s) totaling \$160.00. 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 the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

Letter Number: 711A00016526

COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: DOGGIE STYLEZ LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
TIM L. RAY Name of Person
Firm/Company
925 NW 127th Crt Address
OCALA FL 34482 City/State and Zip Code
Frenchbuildosof Soloventure @ Yahoo. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TIM L. RAY at (35a) 207 4109 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\times 130.00 Filing Fee & Certificate of Status Certificate of Status (additional copy is enclosed) \$155.00 Filing Fee & Certificate of Status & Certificate of Status & 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
DOGGIE STYLEZ ON The BIVY LLC (Must end with the words "Limited Liability 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:
2750 E SILVER Springs BIVD 925 NW 127th CRT STE. # 204 OCA LA FL 34482 DCALA FL 34470
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are: TIM L. RAY Name Name
925 NW 187th CrT Florida street address (P.O. Box NOT acceptable)
OCAIA FL 34482 City, State, and Zip
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)

FILED

The name and address of each Manager	ger or Managing Member is as fo	llows: ZUII JUL 19 PM 日 40
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
MGR	TIM L. RAY 925 NW 127th (Ocala FL 341	- "
(Use attachment if necessary)		
RTICLE V: Effective date, if other than the lif an effective date is listed, the date must be or 90 days after the date of filing.)		
REQUIRED SIGNATURE:		•
Signature of a member	er or an authorized representative of	a member.
constitutes an affirmation unde I am aware that any false infor	8.408(3), Florida Statutes, the execution or the penalties of perjury that the facts s mation submitted in a document to the I y as provided for in s.817.155, F.S.)	tated herein are true.
	pped 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)