L 12000004582

(17)		
. (₭€	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL:
(Bu	siness Entity Nar	me)
(· · · · · · · · · · · · · · · · · · ·	
(Dc	cument Number)	· · · · · · · · · · · · · · · · · · ·
(50	cument Number)	'
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900216102269

01/09/12--01023--002 **130.00

2012 JAN -9 PH 3: 83
SECRETARY OF STATE
SECRETARY OF STATE

C. LEWIS

JAN 1 0 2012

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: Dog Gone Cookies L.L.C.
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:
Holli Berkan
Name of Person
Dog Gone Cookies L.L.C.
Firm/Company
24199 Roger Dodger Street
. Address
Bonita Springs, FL 34135
City/State and Zip Code
holli@doggonecookies.com
E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Holli Berkan at (239) 560-7359
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\scrip{\scrip{1}}\$
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Dog Gone Cookies L.L.C.	
(Must end with the words "Limited Liability	v Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
24199 Roger Dodger Street Bonita Springs, FL 34135	24199 Roger Dodger Street Bonita Springs, FL 34135
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re-	
Holli Berkan	ger Street
Name	H. T.
24199 Roger Dod	DELOTEEL See Di-
Florida street addre	ess (P.O. Box NOT acceptable)
Bonita Springs	FL 34135

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows: 2012 JAN -9 PH 18: 83

"MGRM" = Managing Member	
MGRM	Holli Berkan
	24199 Roger Dodger Street
	Bonita Springs, FL 34135
	
(Use attachment if necessary)	
LE V: Effective date, if other than	on the date of filing: N/A . (OPTIONA
nective date is listed, the date in	ust be specific and cannot be more than five business day
days after the date of filing.)	

REQUIRED SIGNATURE:

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.)

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)