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COVER LETTER

COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: Squeaky Dog Productions
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:
Barbara Bell
Name of Person
Squeaky Dog Productions
Firm/Company
5201 Pine Tree Road
Address
Parkland Florida 33067
City/State and Zip Code
liberty41988@hotmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Arlene Velasco at (772) 713-1545
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 \$\times 155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) \$\times 160.00 Filing Fee, Certified Copy (additional copy is enclosed)
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: Squeaky Dog Productions, 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: Squeaky Dog Productions, LLC. Squeaky Dog Productions, LLC. 5201 Pine Tree Road 5201 Pine Tree Road Parkland, FI 33067 Parkland, FI 33067 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:

Arlene Velasco

Name

2076 79th Avenue

Florida street address (P.O. Box NOT acceptable)

Vero Beach

PARISE STATION OF S

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)

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: Title: Name and Address:

MGR	Barbara Bell
with an administrative for the form to the section of the section	5201 Pine Tree Road
	Parkland, Fl 33067
 	
	
	
Use attachment if necessary)	

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

Barbara Bell

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)