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(Re	equestor's Name)	
(Ac	ldress)	
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(Cil	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SLUREINRY OF STATE

B. BOSTICK

JUL 3 1 2013

EXAMINER

COVER LETTER

TO: Registration Section Division of Corpor			
		G	
SUBJECT: DUNde	E WATCH	DAG LLC	
SUBJECT,		d Liability Company	
The enclosed Articles of Org	anization and fee(s) are so	ubmitted for filing.	
Please return all corresponde	nce concerning this matte	er to the following:	
_ W AG	MON MOR	dows	
-		Name of Person	
		Firm/Company	
	1	• •	
404	hidgewood	Address J 3838 /State and Zip Code	
		Address	2
10.	Aca T	0 22428	ALLAHA
	cee, po	_77070	
12 -	City	/State and Zip Code	30 AFITE 50
1019	will address; to be used to	or future annual report notification)	
For further information conce			₽ ·· —-
WAGMON	Mondays	at (<u>403</u>) <u>397</u> Area Code & Daytime Télepi	-598/
Name of Per	rson	Area Code & Daytime Telep	hone Number
Enclosed is a check for the	e following amount:		
-	S130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy
		(additional copy is enclosed)	(additional copy is enclosed)
<u>M</u>	Sailing Address	Street/Courier Address	
	egistration Section	Registration Section	
	ivision of Corporations O. Box 6327	Division of Corporations Clifton Building	
Ta	allahassee, FL 32314	2661 Executive Center Ci	rcle

Tallahassee, FL 32301

'ARTÍCLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Dundee WATCHDO (Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	nainal office of the Limited Lightlity Company in
The maining address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
404 Ridge wood Ave Dunce, Fr 33938	404 hidgaeod Ave Dunder, Fl 33838
Dondee City, Sta	egistered agent are: Mendows Please (P.O. Box NOT acceptable) FL 3838 te, and Zip
liability company at the place designated in t	accept service of process for the above stated limited his certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of

Registered Agent's Signature (REQUIRED)

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..

(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: "MGR" = Manager "MGRM" = Manager	Name and Address:	
"MGRM" = Managing Member	WAYMON MONONS 404 hidgenred Ave Dunder, FE 75838	
		* F
	14.55 P	 T.
(Use attachment if necessary)	F. 30 S. 50	ι <u>.</u>
ARTICLE V: Effective date, if other than the If an effective date is listed, the date must rior to or 90 days after the date of filing.)	date of filing: (OPTIONAL) to be specific and cannot be more than five business d	lays
REQUIRED SIGNATURE:		
1 1 1	MAUS CALL	

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)