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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL.
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Black Dog Printing, Ilc

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:

judy fossas ,mgr
Name of Person
Black Dog Printing,llc
Firm/Company
168 NW 72 avenue
Address
Plantation, FL 33317
City/State and Zip Code
blackdogprint@outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

judy fossas at 954 270-8755

Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□\$125.00 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)

Mailing Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 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:	
Black Dog Printing,LLC	
(Must end with the words "Limited Liabil	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
	Maning Auditess.
168 NW 72 Avenue	168 NW 72 Avenue
Plantation, FL 33317	Plantation, FL 33317
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Floride street address of the	oristand acoust and
The name and the Florida street address of the r	egistered agent are:
Judy Fossas, MCR	
Name	
168 NW 72 Avenue	
Florida street add	iress (P.O. Box NOT acceptable)
Plantation, F	L 33317
City, Sta	ate, 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 t	his certificate, I hereby accept the appointment as
	ity. I further agree to comply with the provisions of
	e performance of my duties, and I am familiar with
and accept the obligations of my position as re	gistered agent as provided for in Chapter 608, F.S
	TALLLANDY TALLLANDY
- Chry	The state of T
Registered Agent's Signat	wre (REQUIRED)
•	TT TO THE PERSON NAMED IN COLUMN TO
(CONTIN	UED) OF STATE OF STATE OF STATE
	2: 3
Page 1 of 2	ÇM G

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" - Managing Member	Name and Address:	
<u>-</u> -	168 NW 72 Avenue	
Judy Fossas, MGR	plantation, FL 33317	
Edward Agnew, MGRM	168 NW 72 Avenue	
	plantation, FL 33317	
		
		<u> </u>
	nan the date of filing: e must be specific and cannot be more than	
ICLE V: Effective date, if other the	e must be specific and cannot be more than	
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