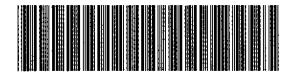
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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NOV 1 5 2019

D. BRUCE

EFFECTIVE DATE 11 01 13

1113-16/16/12

TERRY R. KROGGEL, P.A.

2111 N. 15th St. Tampa, Fl. 33605

(813) 248-8844 (Office)

813) 355-1724 (Cell)

(813) 248-3830 (Fax)

Terry@Krueger-CPA.Com (Email)

November 12, 2013

Ms. Deborah Bruce, Regulatory Specialist Florida Dept. Of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Dear Ms. Bruce:

Please find enclosed our correction for PuppyDo, LLC. We have changed the effective date to 11/01/13.

If you need further information, please call the above number. Thank you for your attention to this matter.

Since cely,

Terry K. Kroggel

Certified Public Accountant

2013 NOV -6 PM 12: 02



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 6, 2013

TERRY R. KROGGEL, CPA TERRY R. KROGGEL, PA 2111 N. 15TH ST. TAMPA, FL 33605

SUBJECT: PUPPYDO, LLC Ref. Number: W13000061662

We have received your document for PUPPYDO, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on November 6, 2013 Please amend your document accordingly.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st; your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return 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) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 313A00025829

(850) 245-6051.

COVER LETTER

TO:	Registrati Division o							
SUBJ	ECT: PU	ıpp	yDo, LLC					
00.00			Name of Limit	ed Liability Compa	ny			
The er	nclosed Artic	les of (Organization and fee(s) are	submitted for filing.				
Please	return all co	rrespor	dence concerning this matt	er to the following:				
	Terry	R.	Kroggel, CP	Α				
				Name of Person				
	Terry	R.	Kroggel, PA					
				Firm/Company				
	2111	N.	15th St.					
				Address			,	
	Tamp	oa,	FL 33605					2013
			·	y/State and Zip Code				5
	Terry@)Kru	eger-CPA.Com					100
			E-mail address: (to be used t	•	n notification)		i "graji "u gruprus".	
For fu	rther informa	ition co	ncerning this matter, please				200 N	: ∦ : }-==
Te	rry R.	Kro	oggel	_at (813	248-88	344	PM 12: 02	in the
	N	Varne of	Person		& Daytime Telep	hone Number		
Enclo	sed is a che	ck for	the following amount:					
	.00 Filing F		\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filin Certified Cop (additional copy	ру	\$160.00 Fili Certificate of Certified Co (additional co)	of Status & opy	
			Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Address on Section of Corporations uilding cutive Center C ee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
PuppyDo, LLC	
(Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the particle.	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4937 Garland Branch Rd.	4937 Garland Branch Rd
Dover, FL 33527	Dover, FL 33527
business entity with an active Florida registration.) The name and the Florida street address of the I Terry R. Kroggel Name 2111 N. 15th St.	registered agent are:
Florida street ad	dress (P.O. Box NOT acceptable)
Tampa, FL 33605	
City, St	ate, and Zip
liability company at the place designated in registered agent and agree to act in this capacall statutes relating to the proper and complet and accept the obligations of my position as re	
(CONTIN	UED)

Page 1 of 2

EFFECTIVE DATE 11 D1 13

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

"MGRM" = Managing Member Alice M. Oelslager 4937 Garland Branch Rd. Dover, FL 33527 (Use attachment if necessary) LE V: Effective date, if other than the date of filing: ////////////////////////////////////	"MGR" = Manager	Name and Address:
Alice M. Oelslager 4937 Garland Branch Rd. Dover, FL 33527 (Use attachment if necessary) LE V: Effective date, if other than the date of filing: ffective date is listed, the date must be specific and cannot be more than five business or 90 days after the date of filing.) REOUIRED SIGNATURE: (In accordance with section 608.408(3), Florida Statutes, the execution of this documents constitutes an affirmation under the penalties of perjury that the facts stated herein arctive. I am aware that any false information submitted in a document to the Department of State constitutes at third degree felony as provided for in s.817.155, F.S.)	"MGRM" = Managing Member	
(Use attachment if necessary) LE V: Effective date, if other than the date of filing: 1101/3 (OPTIONAL ffective date is listed, the date must be specific and cannot be more than five business or 90 days after the date of filing.) REOUIRED SIGNATURE: Constitutes an affirmation under the penalties of perjury that the facts stated herein arctive. I am aware that any false information submitted in a document to the Department of State constitutes at third degree felony as provided for in s.817.155, F.S.)	mental managing memori	
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(Use attachment if necessary) LE V: Effective date, if other than the date of filing: Interpretation I		4937 Garland Branch Rd.
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ALICE M OELSLAGER	LE V: Effective date, if other than the ffective date is listed, the date mu or 90 days after the date of filing.) REQUIRED SIGNATURE:	Melslager
	LE V: Effective date, if other than the ffective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a manual am aware that any false information under the state of the	Der or an authorized representative of a member. 28.408(3), Florida Statutes, the execution of this documents of the penalties of perjury that the facts stated herein arctifue. 28.408(3), and a document to the Department of States.

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)