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(Re	equestor's Name)	
(Ad	ldress)	
(A-	(d)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	е)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		1

Office Use Only



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EUREJART OF STATE

JUN - 4 2014

T. BROWN

COVER LETTER

TO: '

Registration Section

Di	ivision of Corporations		
SURIECT	: G & G Woof, LLC		:
SUBJECT		mited Liability Company	
The enclose	ed Articles of Organization and fec(s) a	re submitted for filing.	
Please retu	rn all correspondence concerning this m	natter to the following:	
	Dawn K Jones		
		Name of Person	
	G & G Woot		
		Firm/Company	
	1317 Ridge Rd		
		Address	
	Monticello, FL 32344		
	(City/State and Zip Code	
dawn	@bffdogranch.com E-mail address: (to be use	d for future annual report notifica	tion)
For further	information concerning this matter, ple	ase call:	
Dawn Jon	es at (_	850443-4020	
	Name of Person		ephone Number
Enclosed is	a check for the following amount:		
☑ \$125.00 Fi	ling Fee \$\frac{130.00}{2}\$ Filing Fee \$\frac{1}{2}\$ Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 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 Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name			
The name of the Lim	ited Liability Company is:		30 F M
G & G Woof, LLC			多一
	(Must end with the words "L	Limited Liability Company, "L.L.C.," or "LLC.	") \$5 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
ARTICLE II - Add The mailing address		cipal office of the Limited Liability Company	TALL PH 3: 07 TALL P
Principal Office Ad	dress:	Mailing Address:	ORDE SI
1317 Ridge Rd			7
Monticello, FL 323	344	1317 Ridge Rd	
		Monticello, FL 32344	
	ity with an active Florida reg orida street address of the reg Dawn Jones	· · · · · ·	
		Name	
	1317 Ridge Rd		
		O. Box NOT acceptable)	
	Monticello	FL 32344	
	City	Zip	
the place designa capacity. I further	ated in this certificate, I hereby agree to comply with the provious I am familiar with and accept	except service of process for the above stated limity accept the appointment as registered agent and visions of all statutes relating to the proper and at the obligations of my position as registered agent Chapter 605, F.S S Signature (REQUIRED)	nd agree to act in this complete performance

Page 1 of 2

(CONTINUED)

<u> Fitle:</u>		Name and Address:
"AMBR" = Authorized "MGR" = Manager	Member	
Christopher Jones		mgr
	-	
Dawn Jones		ambr
	-	
	-	
	-	
•	• /	g:(OPTIONAL)
	• /	g: (OPTIONAL) nd cannot be more than five business days prior to or to
EV: Effective date, if ective date is listed, the of filing.)	other than the date of filing e date must be specific an	g: (OPTIONAL) nd cannot be more than five business days prior to or
E V: Effective date, if ective date is listed, the of filing.) E VI: Other provisions	other than the date of filing e date must be specific an	g: (OPTIONAL) nd cannot be more than five business days prior to or
LE V: Effective date, if fective date is listed, th of filing.) LE VI: Other provisions	other than the date of filing e date must be specific an if any.	g: (OPTIONAL) nd cannot be more than five business days prior to or
LE V: Effective date, if fective date is listed, the of filing.) LE VI: Other provisions	other than the date of filing e date must be specific and if any.	
LE V: Effective date, if fective date is listed, the of filing.) LE VI: Other provisions REQUIRED SIGNAT	other than the date of filing e date must be specific and if any. FURE:	
E V: Effective date, if sective date is listed, the of filing.) E VI: Other provisions REQUIRED SIGNAT	if any. FURE: Signature of a member of the with section 605.0203	r an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document
LE V: Effective date, if fective date is listed, the of filing.) LE VI: Other provisions REQUIRED SIGNATION (In accordance constitutes a I am aware to second se	if any. FURE: Signature of a member of the with section 605.0203 in affirmation under the penalt any false information is	r an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document malties of perjury that the facts stated herein are true. submitted in a document to the Department of State
LE V: Effective date, if fective date is listed, the of filing.) LE VI: Other provisions REQUIRED SIGNATION (In accordance constitutes a I am aware to second se	if any. FURE: Signature of a member of the with section 605.0203 in affirmation under the penalt any false information is	r an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document malties of perjury that the facts stated herein are true.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-