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SECRETARY OF STATE PAILANASSEE, FLORIDA



1/4

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BIG DOG HAULING, LLC 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:
IDMOTHY E. EVALS Name of Person
BIG DOG HAULTUG, LLC Firm/Company
3473 ADVALITAGE LALLE Address
FCRSONVILLE, FL. 32277 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TIMOTHY E. EVALS, 904, 743-7750
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

15 OCT 26 PM 3: 15

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is;

Principal Office Address:

Mailing Address:

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:

Name

3473 ADVANTAGE LANCE
Florida street address (P.O. Box NOT acceptable)

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 605, F.S..

(CONTINUED)

Page 1 of 2



ARTICLE IV- The name and address of each person au	thorized to manage and control the Lim	ined Liab 15.0CT 26 PM 3: 15
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address: 11MOTHER E. E. 3473 ADVANTU JACKSONVILLE 14320 LACKMA SACKSONVILLE	SECRETARY OF STATE TALLAHASSEE FLORIDA VALUS AGE LAHE LETTER SZZ77
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date	of filling:	. (OPTIONAL)
(If an effective date is listed, the date must be spetthe date of filing.) Note: If the date inserted in this block does not not the document's effective date on the Department of the ARTICLE VI: Other provisions, if any.	ecific and cannot be more than five but neet the applicable statutory filing requi	isiness days prior to or 90 days after
Signature of a me This document is execut I am aware that any false constitutes a third degree	nter or an authorized representative ed in accordance with section 605.0203 information submitted in a document to felony as provided for in s.817.155, F.	3 (1) (b), Florida Statutes. o the Department of State

Filing Fees:

Typed or printed name of signee

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