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COVERLETTER		
TO: Registration Section Division of Corporations		
SUBJECT: Mr. Hot Dod 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:	Es:	5
Antonia Brito		
Name of Person	AN 9: 4	ر•
Firm/Company	京品 岩	
5827 Bombadil Ct.		
Tallahasse FL 32303 City/State and Zip Code		
_antonian 1985/3 @gmail	con	
For further information concerning this matter, please call:		·
Antonia Brita (850) 459-5362 Name of Person Area Code Daytime Telephone Number	% <u>∴</u> ∴	
	-	
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) (additional copy is enclosed)		
M. O'		

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 I - Name:

The name of the Limited Liability Company is:

(Must e	nd with the words "Limited Liability Cor	mpany, "L.L.C.," or "LLC.")	
		•	
FICLE II - Address: mailing address and stre	et address of the principal office of the Li	mited Liability Company is:	·
•		,	
Prin	cipal Office Address:	Mailing Ac	ldress:
_5827	Bembarlit Ct	·	
Tallah	2556 E1 32303		
			hito.
<u></u>			E
FICLE III - Registered	Agent Registered Office & Registeres	d Agent's Signature:	
Limited Liability Comp	Agent, Registered Office, & Registered Agent Registered A		individual or
Limited Liability Comp			individual or
Limited Liability Comp her business entity with	any cannot serve as its own Registered A an active Florida registration.)		All the
Limited Liability Comp her business entity with	any cannot serve as its own Registered A		in the second
Limited Liability Comp her business entity with	any cannot serve as its own Registered A an active Florida registration.) eet address of the registered agent are: Antonia Rr		STORY OF STATE
Limited Liability Comp her business entity with	any cannot serve as its own Registered A an active Florida registration.)		in the second
Limited Liability Comp her business entity with	any cannot serve as its own Registered A an active Florida registration.) eet address of the registered agent are: Antonia Rr	gent. You must designate an	STORY OF STATE
Limited Liability Comp her business entity with	any cannot serve as its own Registered A an active Florida registration.) eet address of the registered agent are: Name	ito	STORY OF STATE
Limited Liability Comp her business entity with	any cannot serve as its own Registered A an active Florida registration.) eet address of the registered agent are: Antonia Rr Name 58 27 Bomb	ito	STORY OF STATE

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)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

•	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
	"MGR" = Manager AMBR	Maria Nava 5827 Rembadil Ct. Tallahassee Fl. 38308	
	MGR	Antonia Brito 5827 Bombadil († Tallahasse= Fl 32303)	
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ARTIC	(Use attachment if necessary) CLE V: Effective date, if other than the date of filings effective date is listed, the date must be specific and te of filing.)	and cannot be more than five business days prior to or 13 days after	
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Note:	If the date inserted in this block does not meet the cument's effective date on the Department of State' CLE VI: Other provisions, if any. REQUIRED SIGNATURE:		S

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)