

L18000219625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

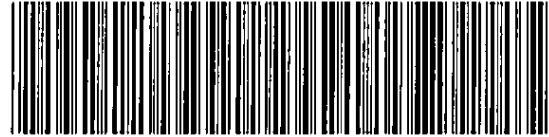
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

M. MOON

SEP 18 2018



200318511062

200318511062
09/17/18--01003--018 **155.00

RECEIVED
DEPARTMENT OF STATE
18 SEP 17 PM 12:30

FILED
18 SEP 17 AM 9:51
FBI/DOJ

AUSLEY McMULLEN

ATTORNEYS AND COUNSELORS AT LAW

123 SOUTH CALHOUN STREET
P.O. BOX 391 (ZIP 32302)
TALLAHASSEE, FLORIDA 32301
(850) 224-9115 FAX (850) 222-7560
Writer's Direct Line: (850) 425-5457

September 17, 2018

Secretary of State
2661 Executive Center Circle West
Tallahassee, Florida 32301

VIA HAND DELIVERY

Re: **Scotty Dog, LLC**

Dear Madam/Sir:

Enclosed are an original and one copy of the Articles of Organization for **Scotty Dog, LLC**, a limited liability company. These Articles include Registered Agent and Registered Office designation for this company. Also enclosed is our check in the amount of:

☐ \$125.00
Filing Fee

☐ \$130.00
Filing Fee &
Certificate of Status

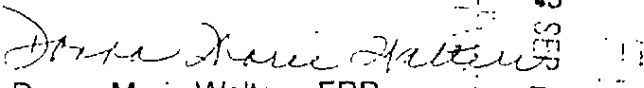
☒ \$155.00
Filing Fee &
Certified Copy
(additional copy enclosed)

☐ \$160.00
Filing Fee,
Certified Copy &
Certificate of Status
(additional copy enclosed)

Please do not hesitate to call me at (850) 425-5457 if you have any questions. We will have our messenger return to pick up the certified copy and the certificate of filing.

Thank you in advance for your usual assistance in these matters.

Sincerely,


Donna Marie Walters, FRP
Florida Registered Paralegal

/dmw
Enclosures

18 SEP 17 AM 9:51

**ARTICLES OF ORGANIZATION
OF
SCOTTY DOG, LLC**

The undersigned, pursuant to the provisions of Chapter 605, Florida Statutes, provides the following information for the purpose of forming a Limited Liability Company under the laws of the State of Florida.

**ARTICLE 1.
Name**

The name of the Limited Liability Company is **Scotty Dog, LLC**.

**ARTICLE 2.
Address**

The street and mailing address of the place of business in Florida is:

2781 Sweet Ridge Street
Tallahassee, Florida 32308

**ARTICLE 3.
Registered Agent and Registered Office**

The name and Florida street address of the initial registered agent in Florida for the Limited Liability Company are:

Windrik A. Lynch
1401 Centerville Road, Suite 300
Tallahassee, Florida 32308

Having been named as registered agent and as the person to accept service of process for the above-stated limited liability company at the place designated in these Articles, 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, Florida Statutes.

s/Windrik A. Lynch

Windrik A. Lynch, Registered Agent

**ARTICLE 4.
Management**

The Limited Liability Company shall be managed by at least one Manager and is, therefore, a Manager-managed company. The name and address of the person authorized to manage and control the Limited Liability Company as Manager are as follows:

Windrik A. Lynch, Manager

2781 Sweet Ridge Street
Tallahassee, Florida 32308

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 17th day of September, 2018.

This document is executed in accordance with Section 605.0203(1)(b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third-degree felony as provided for in Section 817.155, F.S.

Emily S. Waugh

Emily S. Waugh
Authorized Representative of Member

18 SEP 17 AM 9:51
TALLAHASSEE
#