

From: M. BURR KEIM CO

Fax: 12159779386

To:

Fax: 617-6381

F: 613

08/2021 4:35 P

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : M. BURR KEIM COMPANY
Account Number : I19990000242
Phone : (215)563-8113
Fax Number : (215)977-9386

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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FILED

FLORIDA LIMITED LIABILITY CO.

Hoosier Doggie, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

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2-8-21

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is

Hoosier Doggie, LLC

(Must contain the words "Limited Liability Company," "L. L. C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:Mailing Address:4915 NW 116 Avenue4915 NW 116 AvenueCoral Springs, FL 33076Coral Springs, FL 33076

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

Michael Fouts

Name


4915 NW 116 AvenueFlorida street address (P O Box **NOT** acceptable)Coral SpringsFL33076

City

State

Zip

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company

Title:**Name and Address:**

"AMBR" - Authorized Member

"MGR" Manager

AMBR _____

Michael Fouts
4915 NW 116 Avenue
Coral Springs, FL 33076

AMBR _____

Kathryn Fouts
4915 NW 116 Avenue
Coral Springs, FL 33076

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing _____ (OPTIONAL.)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

ARTICLE VI: Other provisions, if any

_____**REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member.

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 s 817.155, F.S.

Michael Fouts, Member

Typed or printed name of signee

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)

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2021 FEB -8 AM 9:10

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