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(Re	equestor's Name)	_
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

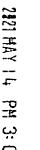




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COVER LETTER

	lew Filing Sec Division of Co						
SUBJECT	House of D	loge'					
SOBJECT	-	Nan	ne of Limited Li	ability Company	<u> </u>		
The enclos	sed Articles of	Organization and	fee(s) are submi	itted for filing.			
Please retu	ırıı all сонтезро	ondence concernin	g this matter to	the following:			
	Amy Brandl	nuber					
			Nam	e of Person			
	House of De	gc'					
			Firn	√Company			
	10057 Glenr	nore Avenue				I.•	2121 8
			/	Address		-	HAY
	Lakewood R	lanch, Florida, 342	:02				£
			City/Stat	e and Zip Code			₽¥
	houseofdoge(.:
	ì	E-mail address: (to	be used for fut	ure annual report notificat	ion)	i ja	짒
For further i	nformation co	neerning this matte	er, please call:				
	Amy Brandh	uber	941 at (914-6859			
	Nam	ne of Person	Area Coo	de Daytime Telephor	ne Number		
Enclosed i	s a check for t	he following amou	int:				
) Filing Fee	X\$130.00 Filin Certificate of S	ig Fee & □ tatus Ce	\$155.00 Filing Fee & entified Copy tional copy is enclosed)	□\$160.00 F Certificate of Certified Co (additional co	of Status & opy	
	New F Division P.O. B	ng Address alling Section on of Corporations tox 6327 assee, FL 32314	i	Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stree Tallahassee, FL 3230	assee eet, Suite 810		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

House of Doge'.				
(Must)	contain the words "Limite	d Liability Compan	y, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stre	eet address of the principal	office of the Limit	ed Liability Company is:	
Prin	Principal Office Address:		Mailing Address:	
10057 Glenmore	Avenue	10	057 Glenmore Avenue	
10027 Greinnore	Avenue		Lakewood Ranch, FL 34202	
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Officiany cannot serve as its own an active Florida registrat	e, & Registered Agen (tion.)	kewood Ranch, FL 34202	
Lakewood Ranch	Agent, Registered Officionary cannot serve as its own an active Florida registratet address of the registered	e, & Registered Agen (tion.)	kewood Ranch, FL 34202 ent's Signature:	
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Officiany cannot serve as its own an active Florida registrat	e, & Registered Agen (tion.)	kewood Ranch, FL 34202 ent's Signature:	
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Officionary cannot serve as its own an active Florida registratet address of the registered	e, & Registered Agention.) agent are:	kewood Ranch, FL 34202 ent's Signature:	
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office oany cannot serve as its over an active Florida registrated and address of the registered	e, & Registered Agen (ion.) agent are: Name	kewood Ranch, FL 34202 ent's Signature: . You must designate an individual	
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office only cannot serve as its own an active Florida registrate address of the registered Dave Cozette 7365 Merchant Court	e, & Registered Agen (ion.) agent are: Name	kewood Ranch, FL 34202 ent's Signature: . You must designate an individual	

Hfurther 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)

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	
MGR	Amv Brandhuber 10057 Glenmore Avenue
	Lakewood Ranch, FL 34202
	
	
(Use attachment if necessary)	
ocument's effective date on the Departme ICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	adherber
any Bu	Mchables member of a member
My Bu Signature of a	member or an authorized representative of a member.
Signature of a This document is exe I am aware that any fa	ecuted in accordance with section 605.0203 (1) (b), Florida Statutes.
Signature of a This document is exe I am aware that any fa	alse information submitted in a document to the Department of State
Signature of a This document is exe I am aware that any fa constitutes a third deg	alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
Signature of a This document is exe I am aware that any fa	recuted in accordance with section 605.0203 (1) (b), Florida Statutes, also information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
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