

L220006447462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entry Name)

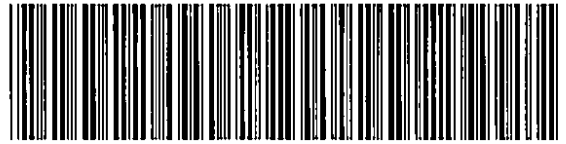
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000395778200

S. CHATHAM

OCT 19 2022

22 OCT 19 PM 4:15

2022 OCT 19 AM 8:46

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Freeport Dog House, 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:

Cassie Long

Name of Person

South Walton Law, P.A.

Firm/Company

36468 Emerald Coast Parkway, Unit 6101

Address

Destin, FL 32541

City/State and Zip Code

cassie@southwaltonlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cassie Long

850

837-0155

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

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

☐ \$160.00 Filing Fee,
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

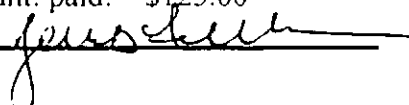
FLORIDA CAPITAL COURIER SERVICES, INC.,
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from account: 120210000160 Amount: paid: \$125.00

Authorization Signature

Freeport Dog House, LLC

P22000015782



Business Name

Document #

☐ Photocopy

☐ Certified Copy (s) Articles of Incorporation:

☐ Certificate of Status

NEW FILINGS

☐ FOR Profit
☐ Not for Profit
☒ Limited Liability
☐ Domestication
☐ Other
☐ CORP
☐ LLLP

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

☐ ARTICLES OF CORRECTION

☐ APOSTIL ()

Country

AMMENDMENTS

☐ Amendment
☐ Resignation or Officer/Director
☐ Change of Registered Agent
☐ Revocation of Dissolution
☐ Merger
☐ Conversion
☐ Articles of Conversion
☐ Resignation

REGISTRATION/QUALIFICATIONS

☐ Foreign filing
☐ Limited Partnership
☐ Reinstatement
☐ Other

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Freeport Dog House, 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:

90 Alton Road FL2

Miami Beach, FL 33139

Mailing Address:

90 Alton Road FL2

Miami Beach, FL 33139

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 OCT 19 PM 4:15

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:

Jeffrey C. Keil

Name

90 Alton Road FL2

Florida street address (P.O. Box **NOT** acceptable)

Miami Beach

FL

33139

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..

DocuSigned by:

Jeffrey C. Keil

178060D3371EC447

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:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Jeffrey C. Keil
90 Alton Road FL2
Miami Beach, FL 33139

AMBR

Danielle Pinet
90 Alton Road FL2
Miami Beach, FL 33139

22 OCT 19 PM 4:15

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10/18/2022. (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:

DocuSigned by:

FT00001111EQAA

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.

Jeffrey C. Keil

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)