

L24000096354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

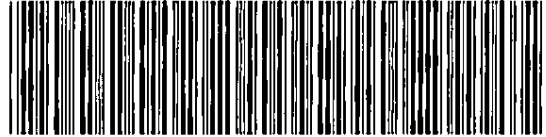
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/05/24--01019--005 **155.00

FILED
2024 JAN -5 PM 12:41
CLERK OF STATE
TALLAHASSEE, FL

T. MATTHEWS

FEB 27 2024



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2024

SUSAN RAWSON
3576 MARIBELLA DR
NEW SMYRNA BEACH, FL 32168 US

SUBJECT: CONGRESS WATCH DOG, LLC
Ref. Number: W24000020059

We have received your document for CONGRESS WATCH DOG, LLC and check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tekayla T Matthews
Regulatory Specialist II

Letter Number: 224A00002585

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CONGRESS WATCHDOG, 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:

Susan Rawson

Name of Person

Firm/Company

3576 Maribella Dr

Address

New Smyrna Beach, Florida 32168

City/State and Zip Code

congresswatchdogflorida@gmail.com

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

For further information concerning this matter, please call:

S Rawson

813

670-4788

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2024 JAN -5 PM 12:41

CONGRESS WATCHDOG, LLC

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

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

3576 Maribella Dr
New Smyrna Beach
Florida, 32168

P.O. Box 125
New Smyrna Beach
Florida, 32168

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:

Susan Rawson
Name

3576 Maribella Dr
Florida street address (P.O. Box **NOT** acceptable)

New Smyrna Beach Florida 32168
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)

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

Jade Murray

P.O. Box 125

New Smyrna Beach, FL 32168

(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.

Susan Rawson

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)