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TILLY FIGURES

H.C.T

COVER LETTER

	w Filing Sec ision of Co						
SUBJECT:	-	Records LLC.					
SUBJECT.	Name of Limited Liability Company						
The enclosed	d Articles of	Organization and fee(s	s) are submit	ted for filing.			
Please return	n all correspo	ondence concerning thi	s matter to th	e following:			
	Johnnasia Re	eid					
-			Name	of Person			
-			Firm/	Company			
:	5634 Silver	Star Ct		, -			
-			Ac	idress			
j	Milton, Fl 32	2583					
D	ogsh.trecord	lsllc@gmail.com	City/State	and Zip Code			
_	1	E-mail address: (to be t	ised for futur	e annual report notificat	ion)		
For further inf	formation co	ncerning this matter, p	lease call:				
J	ohnnasia Re	id at	850	384-5190			
-	Nam	e of Person	Area Code	Daytime Telephor	ne Number		
Enclosed is	a check for t	he following amount:					
■\$125.00 F	Filing Fee	□\$130.00 Filing Fe Certificate of Status	Cer	155.00 Filing Fee & tifled Copy onal copy is enclosed)	□\$160.00 Filing Fee. Certificate of-Status & Certified Copy (additional copy is enclosed)		
	New F Division P.O. B	ng Address iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	assee eet, Suite 810		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Dog Sh*t Records LLC. (Must contain the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
RTICLE II - Address:	
he mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5635 Ventura Ln. Pensacola, Fl 32526	5634 Silver Star Ct. Milton Fl, 32583
	<u></u>

The name and the Florida street address of the registered agent are:

Name

5634 Silver Star Ct.

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

Milton Fl 32583

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)

APR II PR C

ARTICLE IV-

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

Title:	Name and Address:
	uthorized Member
"MGR" = Ma	nager
AMBER	Johnnasia Reid
11171777	5634 Silver Star Ct.
	Milton, Fl 32583
<u>MGR</u>	Jomar Reid
	5634 Silver Star Ct. Milton, Fl 32583
	Wilton, F1 32383
	
ocument's effective	red in this block does not meet the applicable statutory filing requirements, this date will not be liste by date on the Department of State's records.
CLE VI: Other pr	ovisions, if any.
REQUIRED	SIGNATURE:
	Jones Level
	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.
	Jonium Reid
	Joman Reid Typed or printed name of signee
	Filing Fees:
CIDE ON UII	ng Fee for Articles of Organization and Designation of Registered Agent 🥏 💎 🧸 -

S 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)