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| (Re                      | equestor's Name)   | · · · · · · · · · · · · · · · · · · · |  |
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| (Bu                      | ısiness Entity Naı | me)                                   |  |
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2012 JAN 23 PH 4: 05
SECRETARY OF STATE
TALLAHASSEE, FLORIE

JAN 242012
EXAMINER



January 9, 2012

KAY SMUCK / ACUITY ADVISORS & CPAS LLP 454 NEW HOLLAND AVE. SUITE 200 LANCASTER, PA 17602-2289

SUBJECT: FLIP FLOP DOGS, LLC Ref. Number: W12000001253

We have received your document for FLIP FLOP DOGS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

·

Letter Number: 012A00000441

#### **COVER LETTER**

TO:

Registration Section

| Division of                       | Corporations  |
|-----------------------------------|---|
| SUBJECT:                          | FLIP FLOP DOGS, LLC   |
|                                   | Name of Limited Liability Company   |
|                                   | cation by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of are submitted to register the above referenced foreign limited liability company to transact business in Florida   |
| Please return all corre           | espondence concerning this matter to the following:   |
| KA                                | AY SMUCK  |
| •                                 | Name of Person  |
| AC                                | UITY ADVISORS & CPAS LLP  |
|                                   | Firm/Company  |
| 454                               | 4 NEW HOLLAND AVE STE 200   |
| <del></del>                       | Address   |
| LA                                | NCASTER PA 17602-2289   |
|                                   | City/State and Zip Code   |
| ksr                               | nuck@acuitycpas.com  E-mail address: (to be used for future annual report notification)   |
|                                   |   |
| For further informatio            | on concerning this matter, please call:   |
| KAY SM                            | UCK at (717 ) 239.5180  |
|                                   | Name of Person Area Code & Daytime Telephone Number   |
| MAILING A                         |   |
| Registration<br>P.O. Box 63:      | <del>-</del>  |
| Tallahassee,                      |   |
| Enclosed is a chec \$125.00 Filin | ck for the following amount:  In Fee Status |

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

|     | FLIP FLOP DOGS, LLC  |         |
|-----|--|---------|
|     | (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")   |         |
| co  | name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the insent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "L.L.C," "LLC.")  |         |
| ,   | PENNSYLVANIA  (Jurisdiction under the law of which foreign limited liability company is organized)  3. 27-3715295  (FEI number, if applicable)   | ı       |
| 4.  | 10/14/2010  (Date of Organization)  5. PERPETUAL  (Duration: Year limited liability company will cease to exist or "perpetual")  |         |
| 6.  | 12/1/2011  |         |
|     | (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)  |         |
| 7.  | 235 N COLLIER BLVD   |         |
|     | MARCO ISLAND FL 34145  (Street Address of Principal Office)  | 1       |
| 8.  | If limited liability company is a manager-managed company, check here  |         |
| 9.  | The name and usual business addresses of the managing members or managers are as follows:  |         |
|     | JOHN MILTZ 235 N COLLIER BLVD MARCO ISLAND FL 34145  |         |
|     | CATHERINE MILTZ 235 N COLLIER BLVD MARCO ISLAND FL 34145   |         |
| the | Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of receiptistic on under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a nslation of the certificate under oath of the translator must be submitted.) | ords in |
| 11  | . Nature of business or purposes to be conducted or promoted in Florida:   |         |
|     | Signature of a member or an authorized representative of a member.   |         |
|     | (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)         |         |

Typed or printed name of signee

**KAY SMUCK** 

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. The name of the Limited Liability Company is:  |             |         |
|---|-------------|---------|
| FLIP FLOP DOGS, LLC   |             |         |
| If unavailable, the alternate to be used in the state of Florida is:                                | _           |         |
| 2. The name and the Florida street address of the registered agent and office are:                  |             |         |
| AAS   | 2012 JAN 23 |         |
| CATHERINE MILTZ   | 2 J         |         |
| (Name)  | 7           |         |
| 235 N COLLIER BLVD  |             |         |
| Florida Street Address (P.O. Box NOT ACCEPTABLE)  | TE F.       | <u></u> |
| MARCO ISLAND FL 34145   | (J)         |         |
| City/State/Zip  |             |         |
|   |             |         |
| Having been named as registered agent and to accept service of process for the above stated limited |             |         |

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 608, Florida Statutes.

(Signature) :b\*

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

ELO PETER DE L'AND CRESCONDER (L'ACTREMENT)

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

**DECEMBER 21, 2011** 

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

#### Flip Flop Dogs, LLC

is duly organized as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Certification Number: 9981913-1 Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp