

L25000012620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

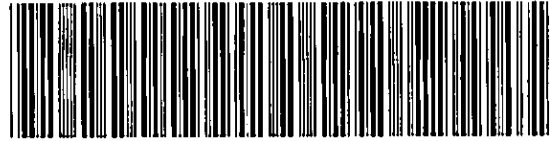
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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MAHON, SCOTT, FL
TALL

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MAHON, SCOTT, FL

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account 120210000160: \$125.00
Authorization Signature *[Signature]*

Beaches Doghouse, LLC
Business

#Document

Walk in _____ Will wait _____

_____ Certified Copies of the articles of Organization.
_____ Certificate of Status

NEW FILINGS

_____ Profit
_____ Not for Profit
X _____ LLC
_____ Domestication
_____ INC
_____ CORP
_____ OTHER

AMENDMENTS

_____ Amendment
_____ Resignation of R.A.
_____ Change of Registered Agent
_____ Revocation of Dissolution
_____ Conversion
_____ Statement of Authority
_____ Merger
_____ Amended and Restated Articles

OTHER FILINGS

_____ TRANSMITTAL LETTER
_____ Fictitious Name
_____ Statement of Authority
_____ APOSTIL _____
COUNTRY

REGISTRATION/QUALIFICATIONS

_____ Foreign Filing
_____ Partnership
_____ Reinstatement
_____ Statement of CORRECTION
_____ Domestication of a Foreign Corp.
_____ Other

EXAMINER'S INITIALS: _____

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Beaches Doghouse, 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:

<u>Michael M. Bajalia, Esq.</u>	FILED 2025 JAN -9 AM 9:47 TALLAHASSEE, FL
Name of Person	
<u>Bajalia Law Office, P.A.</u>	
Firm/Company	
<u>7645 Gate Parkway, Suite 106</u>	
Address	
<u>Jacksonville, Florida 32256</u>	
City/State and Zip Code	
<u>mbajalia@bajalialawoffice.com</u>	
E-mail address: (to be used for future annual report notification)	

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For further information concerning this matter, please call:

<u>Michael M. Bajalia</u>	at (<u>904</u>)	<u>352-1121</u>
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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Beaches Doghouse, 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:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>671 3rd St. S.</u>	<u>671 3rd St. S.</u>
<u>Jacksonville Beach, FL 32250</u>	<u>Jacksonville Beach, FL 32250</u>

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:

Gary K. Smith
Name
671 3rd St. S.
Florida street address (P.O. Box **NOT** acceptable)
Jacksonville Beach, FL 32250
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..

Signed by:
[Signature]
212DA3FA208DA7B
Registered Agent's Signature (REQUIRED)



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(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

MGR

Name and Address:

Gary K. Smith

671 3rd St. S

Jacksonville Beach, FL 32250

(Use attachment if necessary)

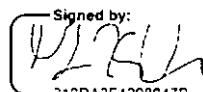
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:

Signed by:

312DA3F43C80478

SIGN HERE

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.

Gary K. Smith, Manager

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)