

M20000010504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

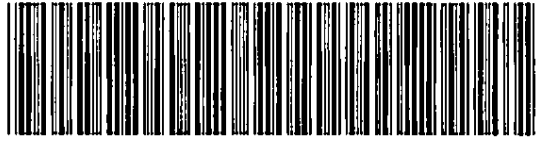
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
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NOV 02 2020

11/03/20--01002--014 **130.00

FILED
2020 NOV 17 AM 8:55
CLERK OF COURT
NEW YORK COUNTY

NOV 18 2020

M. SOLOMON

November 18, 2020

To whom it may concern,

It was our intention to file a foreign LLC, we mistakenly filed a Florida LLC, please release the name of the Florida LLC to the pending foreign LLC filing.

Sincerely,

Alan Pohl

2 Dogs LLC

E: naplesbeachproperties@gmail.com

M: 248.910.9445

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2020 NOV 17 AM 8:55
OFFICE OF THE CLERK
STATE OF FLORIDA

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that I am the Authorized Person

of 2 Dogs LLC
(Name of Limited Liability Company)

a limited liability company duly organized and existing under the laws of
Deleware
(State or Country of Organization)

Because the name of this foreign limited liability company does not satisfy the requirements of the s. 605.0112, F.S., the limited liability company hereby adopts the following name to transact business in the state of Florida:

Too Many Dogs LLC
(Name to be used by limited liability company in Florida. NOTE: Name must contain Limited Liability Company, L.L.C., or LLC.)

Alan Pohl Digitally signed by Alan Pohl Date: 2020.10.22 15:58:59 -04'00' 10/22/2020
Signature Authorized Person Date

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2020 NOV 17 AM 8:55
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. 2 Dogs LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Too Many Dogs LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. Deleware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 35-2568880
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. _____
(Street Address of Principal Office)

6. 2885 Sanford Ave S. W.
(Mailing Address)

PMB #22444

Grandville, Mi. 49418

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Dennis Kopitz

Office Address: 14826 Windward Lane

Naples, Florida 34114
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Dennis Kopitz
(Registered agent's signature)

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2020 NOV 17 AM 8:55
STATE OF FLORIDA
CLERK OF THE COURT

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Manager** **Name and Address:** Name: Dennis Kopitz
 Member Address: 14826 Windward Lane
 Authorized Naples, FL 34114
 Person _____
 Other _____ **Other** _____

Title or Capacity: **Manager** **Name and Address:** Name: Alan Pohl
 Member Address: 301 Antrim Street
 Authorized Charlevoix, MI 49720
 Person _____
 Other _____ **Other** _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ **Other** _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ **Other** _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ **Other** _____

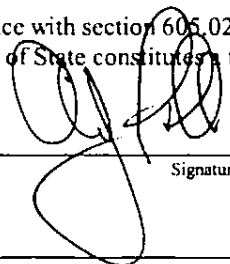
Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ **Other** _____

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 CLERK OF COURT
 400 W. WASHINGTON ST.
 ANN ARBOR MI 48106

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.



 Signature of an authorized person
 Alan J. Pohl

 Typed or printed name of signee

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "2 DOGS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF OCTOBER, A.D. 2020.




Jeffrey W. Bullock, Secretary of State

6095826 8300

SR# 20207573024

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203785441

Date: 10-02-20



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 10, 2020

ALAN POHL
2885 SANFORD AVE SE PMB #22444
GRANDVILLE, MI 49418 US

SUBJECT: 2 DOGS LLC
Ref. Number: W20000128967

We have received your document for 2 DOGS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

Please list the complete principal office address.

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) 245-6051.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 020A00022453