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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Mayres Per (Name of car	rporation - must include suffix)
. (14mile of con	pordion - ithis intoide suries
Dear Sir or Madam:	
	ion for Authorization to Transact Business in Florida," the to register the above referenced foreign corporation
Please return all correspondence concerning this	-
PATRICK M'Mallon	
•	
United Par Gard -	Tuc
· (F)	tm/Company) IALIC S
463 Ohio Piker S.	- 70 2 - 3-2 C m
	(Address)
Cincinnati Obro	45255
(City	//State and Zip code)
For further information concerning this matter, p	= π
PATRICK MEMBELL at C	5(3) 688-7050 Ert. 13
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee SCertificate of Statu	<u> </u>

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Į,	Mairea Pet Case Inc.	
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co," or "Corp.")	
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
2.	DEGREGATE 3. 11-2392851	
	(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4.	7/9/1999 5. PORRETURE	
	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
6	<u>· </u>	
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7.	(Principal office address)	
	463 Obio Pire Sure 303 Concionate OH 4555 8	•
	(Current mailing address)	F. F.
		7220
3.	Any landel organ alterate under Florede Stateti	M
	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	
)	Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
	Name: CT Corporation System	
Οf	ffice Address: 1200 South Pine Island Road	
	Photon Florida 33324	
	(City) (Zip code)	

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

State Of Joylan - Stack L. Taylor, Asst. See

^{11.} Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12.	Names	and	business	addresses	of	officers	and/or	directors
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PAGE 1

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "UNITED PET GROUP, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF MAY, A.D. 2006.



Warriet Smith Hindson
Harriet Smith Windson, Secretary of State

AUTHENTICATION: 4724595

DATE: 05-05-06

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