

L04000002860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

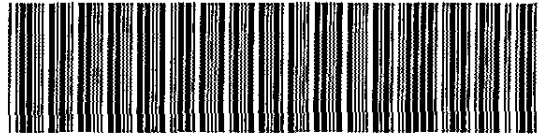
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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L04-2860
OK

harden & associates, llc
personalized professional legal services

sean harden
attorney and counselor at law

36 west 20th street, suite 305
new york, new york 10011
917.414.4403 fax 646.435.0869
www.seanlegal.com
info@seanlegal.com

January 6, 2004

To: Registration Section
Division of Corporations
P. O.Box 6327
Tallahassee, Florida 32314

Subject: Pug and Pony, LLC

The enclosed Articles of Organization and fees are submitted for filing.

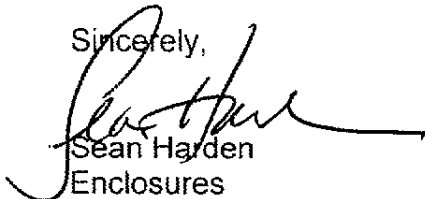
Please return all correspondence concerning this matter to the following:

Sean Harden, Attorney
Harden & Associates
36 West 20th Street Suite 305
New York, New York 10011

For further information concerning this matter, please call:

Sean Harden at (917) 414-4403.

Sincerely,


Sean Harden
Enclosures

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the limited liability company is Pug And Pony, LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

3015 North Ocean Blvd. Unit 12A
Ft. Lauderdale, Florida 33308

3015 North Ocean Blvd. Unit 12A
Ft. Lauderdale, Florida 33308

ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature:

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

William J FLOWERS
3015 North Ocean Blvd. Unit 12A
Ft. Lauderdale, Florida 33308

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


Registered Agent's Signature

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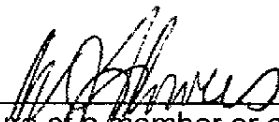
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ARTICLE IV – MANAGERS:

The name and address of each Manager is as follows:

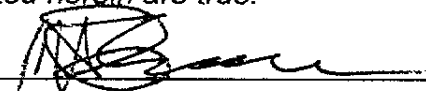
Title:	Name and Address:
Manager	William Flowers 3015 North Ocean Blvd. Unit 12A Ft. Lauderdale, Florida 33308
Manager	Michael Turner 3015 North Ocean Blvd. Unit 12A Ft. Lauderdale, Florida 33308

REQUIRED SIGNATURE:



Signature of a member or an authorized
representative of a member.

In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.



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