## Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0383

From: GAIL S. ANDRE'

Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.

Account Number: 072720000036
Phone: (407)843-4600
Fax Number: (407)843-4444

PLEASE ARRANGE FILING OF THE ATTACHED ARTICLES OF ORGANIZATION AND RETURN A CERTIFICATION TO ME AS SOON AS POSSIBLE. THANK YOU FOR YOUR ASSISTANCE IN THIS MATTER,

MECENED OFC 27 PM 3: 52 FORETARY OF STATE

# **EORIDA/FOREIGN LIMITED LIABILITY CO.**

## **BUSY PAWS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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## ARTICLES OF ORGANIZATION OF BUSY PAWS, LLC

## **ARTICLE I - NAME**

The name of this limited liability company is Busy Paws, LLC (the "Company").

## **ARTICLE II - PRINCIPAL OFFICE**

The mailing address and street address of the principal office of the Company is 1664 Barcelona Way, Winter Park, Florida 32789.

## ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 1664 Barcelona Way, Winter Park, Florida 32789 and the name of the initial registered agent of the Company at that address is Amanda H. Hatton.

Amanda H. Hatton, Member or Authorized

Representative of a Member

### ACCEPTANCE OF REGISTERED AGENT

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.

Amanda H. Hatton

## Florida Department of State

Division of Corporations Public Access System

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H060003022223ABCR

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To:

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Fax Number : (850)205-0383

From:

Account Name : RUDEN, MCCLOSKY, SMITH, SCHUSTER & RUSSELL

Account Number : 076077000521

Phone . : (954)527-2428

Fax Number

: (954)333~4001

# ORIDA/FOREIGN LIMITED LIABILITY CO.

## Oak Knoll Holdings, LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

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## ARTICLES OF ORGANIZATION OF OAK KNOLL HOLDINGS, LLC a Florida limited liability company

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a limited liability company under the laws of the State of Florida does set forth the following:

- 1. NAME. The name of the limited liability company is OAK KNOLL HOLDINGS, LLC (the "Company").
- 2. <u>MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE</u>. The mailing and street address of the principal office of the Company is: 312 S.E. 17<sup>th</sup> Street, Suite 300, Fort Lauderdale, Florida 33316.
- 3. <u>REGISTERED AGENT</u>. The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization are: Charles L. Palmer, 312 S.E. 17<sup>th</sup> Street, Suite 300, Fort Lauderdale, Florida 33316,

The undersigned has executed these Articles of Organization on the 24 day of Dec 2006.

OAK KNOLL HOLDINGS, LLC

By: Charles L. Palmer, Authorized Representative

FTL:2026206:1

# CERTIFICATION OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABITATY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: OAK KNOLL HOLDINGS, LLC.
- 2. The name and address of the registered agent and office are:

Charles L. Palmer 312 S.E. 17th Street, Suite 300 Fort Lauderdale, Florida 33316

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 its 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.

12-27-06

Date

FTL:2026206:1

Charles L. Palmer