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· COVER LETTER

Division of Corporations	
SUBJECT: Wagg 'n Train [Distributors, L.L.C.
	e of Limited Liability Company)
The enclosed Articles of Organization and f	Fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Lori A. Brown	
	(Name of Person)
	(Firm/Company)
3240 Cardigan Cou	(Address)
	(Address)
Orlando, Fl. 32812	
	(City/State and Zip Code)
For further information concerning this mat	ter, please call:
Lori A. Brown	at (407) 341-2282 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following an	nount:
\$125.00 Filing Fee \$130.00 Filing Certificate of S	
Mailing Address Registration Secti Division of Corp P.O. Box 6327 Tallahassee, FL 3	on Registration Section orations Division of Corporations Clifton Building

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Wagg 'n Train Distributors, L.L	
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the printing address and street address of the printing address.	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5701 Leon Tyson Road St. Cloud, Fl. 34771-9269	5701 Leon Tyson Road St. Cloud, Fl. 34771-9269
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	red Agent. You must designate an individual or another
The name and the Florida street address of the re	
Lori A. Brown	YSS AR 3
Name	mo 😝 📆
3240 Cardigan Co	
Florida street addr	ess (P.O. Box NOT acceptable)
Orlando, Fl. 32812	FL .
City, State, an	nd 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 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Norma J. Najorka 5701 Leon Tyson Road St. Cloud, Fl. 34771-9269
MGRM	Lori A. Brown 3240 Cardigan Court
MGRM	Orlando, Fl. 32812 Ernest D. Brown 3240 Cardigan Court Orlando, Fl. 32812
MGRM	Kenneth A. Najorka 5701 Leon Tyson Road
(Use attachment if necessary)	St. Cloud, Fl. 34771-9269
	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	OT NOV 13 A
Signature of a memb	A 63 er or an authorized representative of a member.
	ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

Lori A. Brown

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee