

L11000025581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

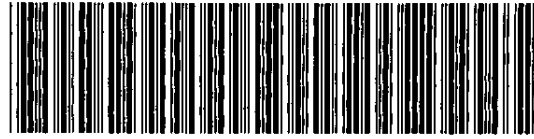
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

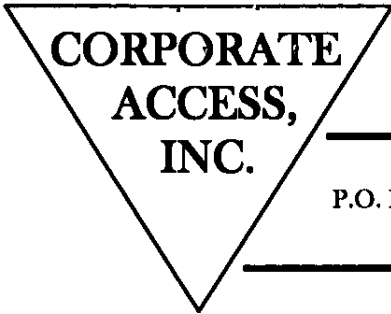
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B. KOHR

MAR - 1 2011

EXAMINER



*"When you need ACCESS to the world"*

236 East 6th Avenue . Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

**WALK IN**

PICK UP: 3-1-11

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11 MAR - 1 PM 3:01

- CERTIFIED COPY \_\_\_\_\_
- PHOTOCOPY \_\_\_\_\_
- CUS \_\_\_\_\_
- FILING LLC \_\_\_\_\_

1. AKZ Pet Wonderland LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY**

**ARTICLE I.**

The name of the Limited Liability Company is:

**AKZ PET WONDERLAND LLC**

FILED STATE  
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DIVISION OF CORPORATIONS  
11 MAR - 1 PM 3:01

**ARTICLE II.**

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

1301 N STATE RD 7

HOLLYWOOD FL 33021

The mailing address of the Limited Liability Company is:

1301 N STATE RD 7

HOLLYWOOD FL 33021

**ARTICLE III.**

The purpose for which this Limited Liability Company is organized is:

Any and all lawful business.

**ARTICLE IV**

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

IRENE KIRSZT

1301 N STATE RD 7

HOLLYWOOD FL 33021

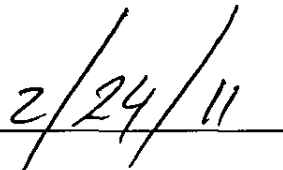
Page 2.

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



Date:

## ARTICLE V

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

Name and Address:

Title:

IRENE KIRSZT

MGR

1301 N STATE RD 7

HOLLYWOOD FL 33021

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 2/24/11

*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. 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.

Irene Kirszt 2/24/11

*Typed or printed name of signee*

*Date*

AKZ PET Wonderland LLC  
1301 N State Rd 7  
Hollywood FL 33021

February 24<sup>th</sup>,2011

Department of Stat of Florida  
Tallahassee FL 32399

RE: Doc. No. L09000085030

To Whom It May Concern,  
Please be informed that there are no restrictions and this company name is available for future use.

A handwritten signature in black ink, appearing to read 'Irene Kirszt', written in a cursive style.

Irene Kirszt  
MGR