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(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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(Document Number)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				

Office Use Only



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Effective Date 11514

SECRETARY OF STATE DIVISION OF CORPORATIONS



COVER LETTER ...

TO: Registration Section
Division of Corporations

A BETTER CARE 4 FOR YOUR PETS

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

I FON I DAIF

		Name of Person	
		Firm/Company	
	109 8TH AVE		
		Address	ATT
	LEHIGH ACRES	, FL 33936	
	LLDALE1976@GMAIL.0	City/State and Zip Code COM (to be used for future annual repo	rt notification)
For further	information concerning this matter, pl	ease call:	
LEO	V DALE	239 867-198	3
	Name of Person	Area Code Daytime Teleph	none Number
Enclosed is	a check for the following amount:		
\$125.00 Fi	ling Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



January 22, 2014

LEON L DALE 109 8TH AVE LEHIGH ACRES, FL 33936

SUBJECT: A BETTER CARE 4 YOUR PETS

Ref. Number: W14000004396

We have received your document for A BETTER CARE 4 YOUR PETS and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6951.

JENNA D HARRIS Regulatory Specialist II

Letter Number: 914A00001492

DIVISION OF CORPORATIONS

14 JAN 17 AM IN: 91.

Effective Date 1/15/14

Enective Dai

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A BETTER CARE 4 YOU		A Better Care 4 Your Pets Limited Liability Company Limited Liability Company L.L.C.," or "LLC.")
ARTICLE II - Ad	dress:	
		ncipal office of the Limited Liability Company is:
Principal Office A	ddress:	Mailing Address:
109 8TH AVE		461 COLUMBUS BLVD SOUTH
LEHIGH ACRES, FL 339	36	LEHIGH ACRES, FL 33974
The name and the f	Florida street address of the reg	Name
	109 8TH AVE	
	Florida street address (P.	.O. Box NOT acceptable)
	LEHIGH ACKES	FL 33936
	O*.	Zip
	City	2.19

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	400 0711 4117
LEON DALE Manager	109 8TH AVE LEHIGH ACRES. FL 33936
V	LEMION ACKES, PL 33930
200 M	
CHRISTIL REMEY / Vlange	461 COLUMBUS BLVD S
V	LEHIGH ACRES, FL 33974
\mathcal{M}	
MANUEL AVILA Y / Langer	461 COLUMBUS BLVD S
CHRISTIL REMEY Manager MANUEL AVILA Manager ARRANDAL TOWE Manager Manager ARRANDAL TOWE Manager	LEHIGH ACRES, FL 33974
M	
ARRANDAL TOWE 1 1 1 A MAY & T	3100 22ND ST SW
	LEHIGH ACRES, FL 33976
(Use attachment if necessary)	
ADTICLE N. ESS. dec. le 10 de de de la Co	CI' DAMEDOM
ARTICLE V: Effective date, if other than the date of	filing: 01/15/2014 (OPTIONAL) fic and cannot be more than five business days prior to or 90 days after
the date of filing.)	ne and cannot be more than live business days prior to or 90 days after
the date of ming.)	
ARTICLE VI: Other provisions, if any.	•
BRANDON BOONE, 2606 HOLLY BLUFF CT, PLANT CITY, FL 33566	Manager
//	
REQUIRED SIGNATURE: ///	
//1	
	y
Signature of a memb	per or an authorized representative of a member.
constitutes an affirmation and	5.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true.
Lam aware that any false infor-	mation submitted in a document to the Department of State
constitutes a third degree felon	ry as provi <u>de</u> d for in s.817.155, F.S.)
7	
	yped or printed name of signee

The name and address of each person authorized to manage and control the Limited Liability Company:

Filing Fees:

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

\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-

Page 2 of 2