

L02000024664

Address _____
City/State/Zip _____ Phone # _____

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ 500007890035--9
(Corporation Name) (Document #) -09/20/02--01023--004
****125.00 ****125.00
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of State

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
02 SEP 20 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

Sept 17, 2002

Dear Florida Department of State,
Enclosed is a Check For \$125.00
To Cover the Filing Fees For

"PetMASTERS Pet + Homesitting Services LLC"
please forward paperwork to

Debora Smith
c/o 10690 SW 137 ST
Miami FL 33176

FILED
02 SEP 20 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Any Questions please call me @
(305) 238-9474

Thank you!

Debbie Smith

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Petmaster's Pet & Home Sitting Service, LLC

ARTICLE II - Address:

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

40 10690 S.W. 137 Street, Miami, FL 33176

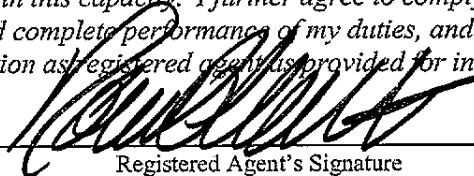
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Ronald G. Neiworth, Esq.
Name
Fowler White Burnett, P.A.
100 S.E. Second Street, 17th Flr.
Florida street address (P.O. Box NOT acceptable)
Miami FL 33131
City, State, and Zip

FILED
02 SEP 20 AM 9:52
CLERK OF DISTRICT COURT
JUDICIAL CIRCUIT IN AND FOR
FLORIDA

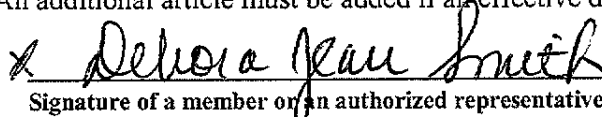
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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

Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

ARTICLE V - DURATION: The duration of the LIMITED LIABILITY COMPANY IS PERPETUAL.
(An additional article must be added if an effective date is requested)


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.)

Debora Jean Smith, Member

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)