

LO3 0000 19071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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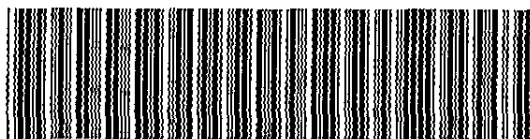
(Business Entity Name)

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DIVISION OF CORP CREATION

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03 MAY 28 PM 12:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Charter Number Only

MAY 27, 2003.

Christine M. DiFidre  
Requestor's Name  
8220 State Rd. #200  
Address  
Orlando, FL 33324  
City State ZIP Phone  
(954) 693-9118

VALIDATION ONLY

CORPORATION(S) NAME

"On Golden Paws", L.L.C.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Profit                    | <input type="checkbox"/> Amendment       | <input type="checkbox"/> Merger                     |
| <input type="checkbox"/> NonProfit                 | <input type="checkbox"/> Dissolution     | <input type="checkbox"/> Mark                       |
| <input type="checkbox"/> Foreign                   | <input type="checkbox"/> Annual Report   | <input checked="" type="checkbox"/> Other L.L.C.    |
| <input type="checkbox"/> Limited Partnership       | <input type="checkbox"/> Reservation     | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement             | <input type="checkbox"/> Photo Copies    | <input type="checkbox"/> Certificate Under Seal     |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem            |
| <input checked="" type="checkbox"/> Walk In        | <input type="checkbox"/> Will Wait       | <input checked="" type="checkbox"/> Pick Up         |
|  | <input type="checkbox"/> After 4:30      | <input type="checkbox"/> Mail Out                   |

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CERTIFIED COPY

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY  
OF  
"ON GOLDEN PAWS", L.L.C.**

**ARTICLE I – NAME**

The name of this Limited Liability Company shall be "ON GOLDEN PAWS", L.L.C.

**ARTICLE II – PRINCIPAL OFFICE**

The mailing address and the street address of the principal office of this Limited Liability Company shall be:

10114 N.W. 71 Street  
Tamarac, Florida 33321

**ARTICLE III – NATURE OF BUSINESS**

The general nature of the business to be transacted by this Limited Liability Company is to engage in any and all business permitted under the laws of the United States and the State of Florida.

**ARTICLE IV – INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of this Limited Liability Company is 10114 N.W. 71 Street, Tamarac, Florida 33321. The name of the initial registered agent of this limited liability company at that address is Jane K. Solomon.

**ARTICLE V – MANAGEMENT**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company. The name and address of the initial member for this Limited Liability Company is:

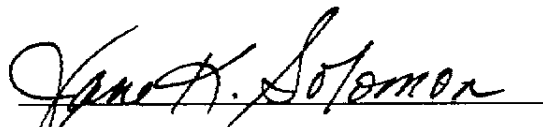
NAME:

Jane K. Solomon

ADDRESS:

10114 N.W. 71 Street  
Tamarac, Florida 33321

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. IN WITNESS WHEREOF, the undersigned member has executed these Articles of Organization on this 27<sup>th</sup> day of May, 2003.

  
Jane K. Solomon - Member

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TALLAHASSEE, FLORIDA

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE  
FOR THE SERVICE OF PROCESS WITHIN THIS STATE,  
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.**

In compliance with Section 48.091, Florida Statutes, the following is submitted:

FIRST – That “On Golden Paws”, L.L.C. desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at 10114 N.W. 71 Street, City of Tamarac, County of Broward, State of Florida, 33321 has named Jane K. Solomon located at 10114 N.W. 71 Street, City of Tamarac, County of Broward, State of Florida, 33321, as its agent to accept service of process within this state.

**ACKNOWLEDGMENT**

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby accept to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper performance of my duties.

**FILED**  
03 MAY 28 PM 12:04  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE  
J. Anne K. Solomon  
Jane K. Solomon  
05/27/03  
Date