

L03000030642

FILED  
03 AUG 18 12:14

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

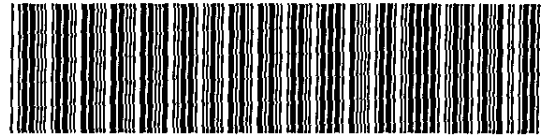
(Document Number)

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

Special Instructions to Filing Officer:

W03-21040

Office Use Only



700021447757

09/12/03--01022--006 \*\*25.00

07/21/03--01028--013 \*\*125.00

AL



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

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03 AUG 18 PM 12:14  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

July 24, 2003

LYN RICHARDS  
2375 STATE ROAD 13  
JACKSONVILLE, FL 32259

SUBJECT: DOGLOGIC, LLC  
Ref. Number: W03000021040

We have received your document for DOGLOGIC, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

The fee to file a conversion is \$25.00.

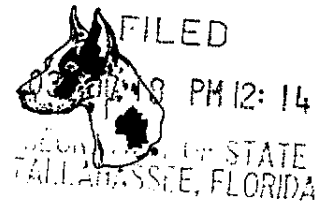
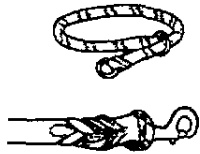
There is a balance due of \$25.00.

Please return 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) 245-6094.

Agnes Lunt  
Document Specialist

Letter Number: 303A00043126



Lyn Richards (danelady@doglogic.com)  
2375 State Rd. 13  
Jacksonville, FL 32259  
Ph: 904-287-8824 - Fax: 904-287-6176

Please find enclosed Articles of Organization, Certificate of Conversion,  
State of NH Certificate of Formation, and last NH Filing along with a check  
for \$125.00

Please process in a timely fashion and acknowledge?  
Thank you  
Lyn Richards

**CERTIFICATE OF CONVERSION**

FILED  
03 AUG 18 PM 12:14

Pursuant to section 608.439, Florida Statutes, the following unincorporated business entity hereby submits the attached articles of organization and this certificate of conversion to convert to a Florida limited liability company:

FIRST: The name of the unincorporated business immediately prior to filing this document was:

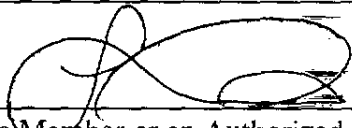
DOGLOGIC, LLC

SECOND: The date on which and the jurisdiction in which the unincorporated business was first created or otherwise came into being are:

- A. Date: 3/12/2001
- B. Jurisdiction: State of NH
- C. If different from the above noted jurisdiction, the jurisdiction immediately prior to its conversion: \_\_\_\_\_

THIRD: The name of the limited liability company as set forth in the attached articles of organization is:

Doglogic, LLC



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.)

Lynn J. Richards

Typed or Printed Name of Signee

**FILING FEES:**

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

(Note: Section 608.439, F.S., does not provide for a corporation to convert to a limited liability company.)

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

DOGLOGIC <sup>LLC</sup>  
08 AUG 18 PM 12:14

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**ARTICLE II - Address:**

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

2375 State Rd 13, JACKSONVILLE, FL 32259  
ALLAHOPE, FLORIDA

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

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

Lyn Richards  
Name  
2375 State Rd 13  
Florida street address (P.O. Box **NOT** acceptable)  
JACKSONVILLE FL 32259  
City, State, and 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..*

[Signature]  
Registered Agent's Signature

(An additional article must be added if an effective date is requested)

[Signature]  
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.)

Lyn J Richards  
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)

STATE OF NEW HAMPSHIRE

Fee for Form LLC 1A: \$50.00
Filing fee: \$35.00
Total fees \$85.00
Use black print or type.
Leave 1" margins both sides.

Form No. LLC 1
PFRS 304-C:12

FILED

MAR 12 2001

WILLIAM M. GARDNER
NEW HAMPSHIRE
SECRETARY OF STATE

CERTIFICATE OF FORMATION
NEW HAMPSHIRE LIMITED LIABILITY COMPANY

THE UNDERSIGNED, UNDER THE NEW HAMPSHIRE LIMITED LIABILITY COMPANY LAWS
SUBMITS THE FOLLOWING CERTIFICATE OF FORMATION:

FIRST: The name of the limited liability company is
DOGLOGIC, LLC

SECOND: The nature of the primary business or purposes are
Internet Related Business

THIRD: The name of the limited liability company's registered agent is
LYN RICHARDS

and the street address, town/city (including zip code and post office box,
if any) of its registered office is (agent's business address)

3020 BROWN AVE #10 MANCHESTER NH 03103

FOURTH: The latest date on which the limited liability company is to
dissolve is

FIFTH: The management of the limited liability company IS NOT vested
in a manager or managers.

Dated 2/2, 01

Signature: \* [Handwritten Signature]

Print or type name: LYN J RICHARDS

Title: OWNER / MANAGER MEMBER
(Enter "manager" or "member")

\* Must be signed by manager; if no manager, must be signed by a member.

**PLEASE TYPE OR PRINT IN INK**  
 NAME OF LIMITED LIABILITY COMPANY  
 DOGLOGIC, LLC

AMENDMENT MUST BE FILED TO CHANGE NAME. SEE NOTE "A" ON REVERSE SIDE.

FEDERAL ID#	0	0	0	0	0	0	0	0	0	0	0
CORRECTED ID#											

COMPLETE ADDRESS OF PRINCIPAL OFFICE:

3020 BROWN AVE #10  
 MANCHESTER, NH 03103

CORRECTION IN ABOVE ADDRESS:

FORMED UNDER THE LAWS OF  
 STATE NH

COMPLETE INFORMATION AS OF JANUARY 1, 2002

NATURE OF BUSINESS IN NH:

Web site, DOG TRAINING SUPPLIES

**MANAGER(S)**

BUSINESS ADDRESS NO STREET TOWN/CITY STATE ZIP

**MANAGER**

BUSINESS ADDRESS NO STREET TOWN/CITY STATE ZIP

**MANAGER**  
 BUSINESS ADDRESS NO STREET TOWN/CITY STATE ZIP

**REGISTERED AGENT/REGISTERED OFFICE**  
 LYN RICHARDS  
 3020 BROWN AVE #10  
 MANCHESTER, NH 03103

REQUEST FORM LLC 2 TO CHANGE REGISTERED AGENT OR REGISTERED OFFICE. SEE NUMBER 1 ON REVERSE SIDE.

**MEMBERS**  
 IF THERE ARE NO MANAGERS, AT LEAST ONE MEMBER MUST BE LISTED.

MEMBER  
 LYN RICHARDS  
 3020 BROWN AVE #10  
 BUSINESS ADDRESS NO STREET TOWN/CITY STATE ZIP  
 MANCHESTER NH 03103

**MEMBER**  
 BUSINESS ADDRESS NO STREET TOWN/CITY STATE ZIP

IF THERE ARE ANY ADDITIONAL MANAGERS OR MEMBERS, PLEASE ATTACH ADDITIONAL SHEET.  
 TO BE SIGNED BY THE MANAGER IF NO MANAGER. MUST BE SIGNED BY A MEMBER. (SEE NOTES ON REVERSE SIDE FOR ALTERNATIVE SIGNATURE.)  
 I, THE UNDERSIGNED DO HEREBY CERTIFY THAT THE STATEMENTS ON THIS REPORT ARE TRUE TO THE BEST OF MY INFORMATION, KNOWLEDGE AND BELIEF.

**MUST HAVE ORIGINAL SIGNATURE**

SIGNATURE

TYPE OR PRINT NAME: Lyn Richards  
 TITLE:

NEW HAMPSHIRE ANNUAL REPORT  
 SECRETARY OF STATE, CONCORD, NH

A \$50.00 LATE FILING FEE IS DUE ON ALL REPORTS NOT RECEIVED ON OR BEFORE APRIL 15. (SEE INSTRUCTIONS.)  
 INFORMATION ON THIS REPORT SHALL BE AS OF JANUARY 1, 2002 FOR REPORT DUE APRIL 1, 2002

**RECEIVED**  
 JAN 11 2002  
 NEW HAMPSHIRE  
 SECRETARY OF STATE

373269 Not to be Filled in:  
 Date 1/9/02  
 Check No 1421  
 Amount 100.00

\$100.00 REPORT FEE

\$100.00 TOTAL DUE

DOGLOGIC, LLC  
 3020 BROWN AVE #10  
 MANCHESTER NH 03103-6947