

# LO4000034274

Page 1 of 1

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H04000098987 3)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516) 935-3940  
Fax Number : (516) 935-3088

FILED  
2004 MAY -5 AM 9:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## LIMITED LIABILITY COMPANY

### Premium Pet Mart LLC

Certificate of Status	1
Certified Copy	0
Page Count	623
Estimated Charge	\$130.00

Name Availability	RECEIVED 04 MAY -5 PM 1:58 DIVISION OF CORPORATION
Document Examiner	
Updater	
Updater Verifier	DCC
Acknowledgement	DCC
P. Verifier	DCC

Electronic Filing Menu

Corporate Filing

Public Access Help

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name

The name of the Limited Liability Company is: **Premium Pet Mart LLC**

## ARTICLE II - Address

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

Principal Office Address:Mailing Address:

7016 Bendelow Drive

7016 Bendelow Drive

Lakeland, FL 33810

Lakeland, FL 33810

## ARTICLE III - Registered Agent, Registered Office &amp; Registered Agent's Signature

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

Truman Boyd Harrell

Name

7016 Bendelow Drive

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Lakeland, FL 33810

(City / State / Zip)

FILED  
2004 MAY -5 AM 9:37  
SECRETARY OF STATE  
TALLAHASSEE, 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 - Truman Boyd Harrell

## ARTICLE IV - Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRMTruman Boyd Harrell - 7016 Bendelow Drive, Lakeland, FL 33810

(Use attachment if necessary)

## REQUIRED SIGNATURE:

  
 Signature of a member or 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. )

Truman Boyd Harrell

Typed or printed name of signee

FILED  
 2004 MAY -5 AM 5:37  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA