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

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

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LIMITED LIABILITY COMPANY

paws n' claws, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

J. BRYAN DEC 28 2004

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PAWS N' CLAWS, 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:

5214 C Okeechobee Road
FORT PIERCE, FL 34947

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

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

KIMBERLY LAFFERTY
Name

6708 SANTA CLARA BLVD.

Florida street address (P.O. Box **NOT** acceptable)

FORT PIERCE, FL 34951

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..

Kimberly Lafferty
Registered Agent's Signature

(CONTINUED)

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

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

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Title:

"MGR" - Manager

"MGRM" - Managing Member

Name and Address:

- 1) MGRM
- 2) MGRM
- 3) MGRM
- 4) MGRM
- 5) MGRM

- 1) KIMBERLY LAFFERTY
- 2) GREGG LAFFERTY
6308 SANTA CLARA BLVD
FT. PIERCE, FL 34951
- 3) DEBORAH GARDEN
- 4) JERRY GARDEN
195 145th AVE.
VERO BEACH, FL 32968
- 5) DEBORAH LAFFERTY
2001 PENNY LANE
FT. PIERCE, FL 34951

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Kimberly Lafferty
 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.)

KIMBERLY LAFFERTY
 Typed or printed name of signee

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)

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