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TRANSMITTAL LETTER

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TO: Registration Section 2005 MAR 14 P 3: 37 Division of Corporations Pillow SECRETURY The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Scott Holtzman
(Name of Person) Two Reptiles Under My Pillow LLC 1901 N.W. 168 AVE (Address) Pembroke Pines, FL 33028
(City/State and Zin Code) For further information concerning this matter, please call: Scott Holtzman at (305) 389-6372
(Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount:

STREET ADDRESS:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee &

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

Certificate of Status

MAILING ADDRESS:

\$160.00 Filing Fee,

Certificate of Status & Certified Copy

(additional copy is enclosed)

☐ \$155.00 Filing Fee &

(additional copy is enclosed)

Certified Copy

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY SECRETARY OF STATE TALLAHASSEE, FLORID **ARTICLE I - Name:** The name of the Limited Liability Company is: Two Reptiles Under My Pillow 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:** ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Scott Holtzman

1901 N.W. 168 ave
Florida street address (P.O. Box NOT acceptable)

Pembroke Pines, FL 33028

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..

(CONTINUED)

ARTICLE IV- Manager(s) or Managin The name and address of each Manager of	or Managing Member is as follows:	
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address: 2005 MAR 14 P 3: 38 SECRETARY OF STATE ARASSEE, FLORIDA	
MGR	Scott Holtzman 1901 NW 168 ave Pembroke Pines, FC 33028	
MGR	Mercedes Holtzman 1901, NW 168 are Pembroke Pines, FC 33028	
(Use attachment if necessary)		
NOTE: An additional article must be added if an effective date is requested.		
REQUIRED SIGNATURE:	an authorized representative of a member.	
(In accordance with section of this document constitute that the facts stated herei	n 608.408(3), Florida Statutes, the execution as an affirmation under the penalties of perjury n are true.)	
Typed Filing Fees:	or printed name of signee	
\$125.00 Filing Fee for Articles of Organiza of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	ation and Designation	