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(Requestor's Name)	
(Address)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Business Entity Harris)	
(Document Number)	_
Certified Copies Certificates of Status	
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Critter Creations, LLC (Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	ч.
The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Nancy Salisbury (Name of Person) Critier (Ceation (Firm/Company)	
Critter Creation (Firm/Company)	,
887 Porter Drive	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Nancy Salisbury at (727) 538-2266 (Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations Pivision of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY				
ARTICLE I - Name: The name of the Limited Liability Company is:	AR 2 P	主 で		
Critter Creatio	ons, LLC	a C		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:			
887 Porter Dr Largo, FC 33771	887 Porter Dr Largo, El 33771			
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:			
The name and the Florida street address of the report of the Name	egistered agent are: 03	18 05		
887 Porte	ess (P.O. Box <u>NOT</u> acceptable)			
Largo City, State, an	FL 33771			

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)

Page 1 of 2

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:			
MGR_	Narry Salisbury P. 3 887 Poctor DC: 133771			
MGRM_	Bonnie Peshi 1766 Belleair Rd Clearnater, FL 33756			
mbra	Angela Fuller 2020 Coronet Ln. Clearwater, FL 33156			
(Use attachment if necessary)				
NOTE: An additional article must be added if an effective date is requested.				
REQUIRED 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.)

Jyped 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)

Page 2 of 2

file 3/18/2005 date: