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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

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OIVISION OF CORPORATIONS

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B. Therlock JUL 10 2006

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJECT: PET Investments LLC (Name of Limited Liability Company)						
The en	closed Articles of Organization and fee(s) are submitted for filing.					
Please	return all correspondence concerning this matter to the following:					
	Orlando A. Gonzalez					
	(Name of Person)					
	PET Investments LLC					
	(Firm/Company)					
	13746 NW 18 Court					
	(Address)					
•	Pembroke Pines, Florida 33028					
	(City/State and Zip Code)					
For fu	rther information concerning this matter, please call:					
Orla	ndo A. Gonzalez _{at (} 786 ₎ 200-6759					
	(Name of Person) (Area Code & Daytime Telephone Number)					
Enclo	sed is a check for the following amount:					
\$12.	5.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status \$\bigcup \\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)					
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301					

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

DET Investor					
PET Investme		d Company" or their abbreviation "LLC," or "I	C")		
			, ,		
ARTICLE II					
The mailing ad	dress and street address of the pr	incipal office of the Limited Liabili	ty Compan	y 1S:	
Principal Office Address: 13746 NW 18 Court		Mailing Address:			
		13746 NW 18 Court			
Pembroke Pines, Florida 33029		Pembroke Pines, Florida 33028	P		
	 				
(The Limited Liabil business entity wit		Office, & Registered Agent's Sig ered Agent. You must designate an individual of egistered agent are:		DIVISION OF (
Name			. 7	RY OF STATE CORPORATION	
13746 NW 18 Court			<i>∵</i>	F S	
Florida street address (P.O. Box NOT acceptable)			ĊJ	ATIC	
Pembroke Pines, Florida 33l FL			ယ	· 35	
	City, State, a				
liability con registered age statutes relat	npany at the place designated in t nt and agree to act in this capacity ing to the proper and complete pe	accept service of process for the above his certificate, I hereby accept the ap or. I further agree to comply with the performance of my duties, and I am fan tered agent as provided for in Chapt	pointment a provisions o uiliar with a	s of all ind	

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member **MGR** Orlando A. Gonzalez 13746 NW 18 Court Pembroke Pines, Florida 33028 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **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.) Orlando A. Gonzalez Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)