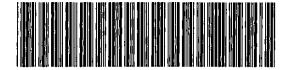


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TRANSMITTAL LETTER

TO: REGISTRATION SECTION
DIVISION OF CORPORATIONS

۲,

SUBJECT: THE ANIMAL PLACE LLC

THE ENCLOSED ARTICLES OF ORGANIZATION AND FEE(S) ARE SUBMITTED FOR FILING.

PLEASE RETURN ALL CORRESPONDENCE CONCERNING THIS MATTER TO THE FOLLOWING:

THE ANIMAL PLACE LLC

C/O ANGELA VREEKEN

1765 QUEEN STREET

TITUSVILLE, FL 32780

FOR FURTHER INFORMATION CONCERNING THIS MATTER, PLEASE CALL:

ANGELA VREEKEN (321-269-5740)

ENCLOSED IS A CHECK FOR THE FOLLOWING AMOUNT:

() \$125.00 FILING FEE (X) \$130.00 FILING FEE & () \$155.00 FILING FEE & () \$160.00 FILING FEE CERTIFICATE OF STATUS CERTIFIED COPY* CERTIFIED COPY*

*(ADDITIONAL COPY ENCLOSED)

STREET ADDRESS:

MAILING ADDRESS:

REGISTRATION SECTION DIVISION OF CORPORATIONS 409 E. GAINES STREET TALLAHASSEE, FL 32399 REGISTRATION SECTION
DIVISION OF CORPORATIONS
P O BOX 6327
TALLAHASSEE, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1- NAME

THE NAME OF THE LIMITED LIABILITY COMPANY IS:

THE ANIMAL PLACE 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

1765 QUEEN STREET TITUSVILLE FL 32780 SAME

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE REGISTERED AGENT'S SIGNATURE:

THE NAME AND THE FLORIDA STREET ADDRESS OF THE REGISTERED AGENT IS:

ANGELA VREEKEN

1765 QUEEN STREET

TITUSVILLE, FL 32780

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.

PECISTERED AGENTS SIGNATURE

ARTICLE IV - MANAGER(S) OR MANAGING MEMBER IS AS FOLLOWS:

THE NAME AND ADDRESS OF EACH MANAGER OR MANAGING MEMBER IS AS FOLLOWS:

TITLE:

NAME & ADDRESS

"MGR" = MANAGER

"MGRM= MANAGING MEMBER

MGR

ANGELA VREEKEN 1765 QUEEN STREET TITUSVILLE, FL 32780

MGRM

DAVIE VREEKEN 1765 QUEEN STREET TITUSVILLE FL 32780

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.)

ANGELA VREEKEN
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)

PAGE 2 OF 2