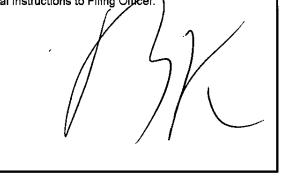
## 6000121900

(Requestor's Name)
· (Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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FIRD



REFERENCE: 681132 7511693

AUTHORIZATION

COST LIMIT: 120.00

ORDER DATE: December 21, 2006

ORDER TIME: 2:33 PM

ORDER NO.: 681132-005

CUSTOMER NO: 7511693

DOMESTIC FILING

NAME: THERIAC ENTERPRISES OF HAPPY VALLEY, LLC

EFFECTIVE DATE:

	ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP
XX	ARTICLES OF ORGANIZATION
PLEASE	RETURN THE FOLLOWING AS PROOF OF FILING:
XX XX	CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT	PERSON: Amanda Haddan - EXT. 2955
	EXAMINER'S INITIALS:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	<b>=</b> ,, <b>e</b>
ARTICLE I - Name: The name of the Limited Liability Comp	any in
The name of the Limited Liability Comp	PET C
Theriac Enterprises of Happy Valley, LLC	ASS
(Must end with the words "Limited Liability Compan	y, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	FL
	of the principal office of the Limited Liability Company is:
	Or'
Principal Office Address;	Mailing Address:
2234 Colonial Blvd.	2234 Colonial Blvd.
business entity with an active Piorida registration.)  The name and the Florida street address  DDM,LLC	wa Registered Agent. You must designate an individual or another of the registered agent are:
<del>\</del>	Name
2234 Colonial Blvd.	
<del></del>	street address (P.O. Box NOT acceptable)
Fort Myers, FL. 33907	FI. 33907
City	y, State, and Zip
liability company at the place designoregistered agent and agree to act in this statutes relating to the proper and comp	and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all plete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S
By: W	70
Registered Agent	's Signature (REQUIRED)

(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:

	Managing Member	
MGR		DØM, LLC
		2234 Colonial Blvd.
		Fort Myers, FL. 33907
		•
<u> </u>	*	
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. :	ter Commence	
,	ent if necessary)	
LE V: Effecti lective date is	ve date, if other than the	e date of filing: (OPT) ne specific and cannot be more than five busines
LV: Effecti ective date is	ive date, if other than the listed, the date must b	e date of filing: (OPT) se specific and cannot be more than five busines
EV: Effecti ective date is days after the	ive date, if other than the listed, the date must b	be specific and cannot be more than five pusines
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LE V: Effecti fective date is days after the	ive date, if other than the listed, the date must be date of filling.)	se specific and cannot be more than five prisides
LE V: Effecti fective date is days after the	ve date, if other than the listed, the date must be date of filing.)  SIGNATURE:  Signature of a memb	Cally Yearly L  or or an authorized representative of a member.  section 608.408(3), Florida Statutes, the execution section and affirmation under the penalties of perjury
EV: Effecti fective date is days after the	ve date, if other than the listed, the date must be date of filing.)  SIGNATURE:  Signature of a memb	Cally Yearly L  or or an authorized representative of a member.  section 608.408(3), Florida Statutes, the execution section and affirmation under the penalties of perjury

of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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Page 2 of 2