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SECRETARY OF STATE
TALL AHASSEF FLORIDA



COVER LETTER

TO: Registration Sec Division of Corp							
SUBJECT: Pet Sq	uad LLC (Name of Limite	d Liability Compa	ny)				
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing					
Please return all correspo	ndence concerning this matte	er to the following:					
Christine (Carmichael						
	(Name of Person)					
Pet Squad					SEC	07 A	eliste.
	(Firm/Company)			EA	PR 27	(133
1136 Tow	n Center Drive	#12			ARY (· r
		(Address)			11 S	:2: 	
Jupiter, F	lorida 33458				DIATE ORID.	.: _ಮ_	` ,.
	(City	/State and Zip Code))				
For further information co	oncerning this matter, please	call:					
Christine Carmi		at (561)	301 55				
(Name o	of Person)	(Area Code	& Daytime T	elephone Numbe	:г)		
Enclosed is a check for	the following amount:						
▼ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fill Certified Copy (additional copy is	,	S160.00 Certificate of Certified Conditional condition	of Statu Copy	s &	
, ,	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Budget 2661 Execution 2661	of Corporatio	ns			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Pet Squad LLC		
(Must end with the words "Limited Liability Company	y, "Limited Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Address:		
The mailing address and street address o	f the principal office of the Limited Liability Company	y is:
Principal Office Address:	Mailing Address:	•
1136 Town Center Drive	1136 Town Center Drive	
Jupiter, Florida 33458	Jupiter, Florida 33458	
	<u>≥</u> ∽ o	
ARTICLE III - Registered Agent, Reg	ristered Office, & Registered Agent's Signatures	٠
(The Limited Liability Company cannot serve as its or	wn Registered Agent. You must designate an individual or another	<u>"</u> []
(The Limited Liability Company cannot serve as its or business entity with an active Florida registration.)	wn Registered Agent. You must designate an individual or another	
(The Limited Liability Company cannot serve as its or	wn Registered Agent. You must designate an individual or another	
(The Limited Liability Company cannot serve as its or business entity with an active Florida registration.)	wn Registered Agent. You must designate an individual or another	
(The Limited Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address	wn Registered Agent. You must designate an individual or another of the registered agent are:	
(The Limited Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address	of the registered agent are:	The state of
(The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.) The name and the Florida street address Christine Carmicha 1136 Town Center	of the registered agent are:	The state of
(The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.) The name and the Florida street address Christine Carmicha 1136 Town Center Florida s	of the registered agent are: ael Name Prive #12 Street address (P.O. Box NOT acceptable)	The state of
(The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.) The name and the Florida street address Christine Carmicha 1136 Town Center Florida s	of the registered agent are: Agent	The state of
The name and the Florida street address Christine Carmicha 1136 Town Cente Florida s City	of the registered agent are: ael Name Prive #12 Street address (P.O. Box NOT acceptable)	And the

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGPM	Christine Carmichael
	1136 Town Center Drive #12
	Jupiter, Florida 33458
,	<u>-</u>
	e a company and a company
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(Use attachment if necessary) FICLE V: Effective date, if other than the neffective date is listed, the date muster 90 days after the date of filing.)	ne date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	O7 AP
	amuchael ber or an authorized representative of a member.
Signature of a mem	ber or an authorized representative of a member.
	ber or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury I herein are true.)
Christine	CARmichael
	Funed 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)