

207000052493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DEPARTMENT OF REVENUE  
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May 17, 2007

**CORPORATION NAME (S) AND DOCUMENT NUMBER (S):**

Critter Care, LLC

**Filing Evidence**

- ☐ Plain/Confirmation Copy
- ☒ Certified Copy

**Retrieval Request**

- ☐ Photocopy
- ☐ Certified Copy

**Type of Document**

- ☐ Certificate of Status
- ☐ Certificate of Good Standing
- ☐ Articles Only
- ☐ All Charter Documents to Include  
Articles & Amendments
- ☐ Fictitious Name Certificate
- ☐ Other

| NEW FILINGS |                   |
|-------------|-------------------|
|             | Profit            |
|             | Non Profit        |
| X           | Limited Liability |
|             | Domestication     |
|             | Other             |

| AMENDMENTS |                                    |
|------------|------------------------------------|
|            | Amendment                          |
|            | Resignation of RA Officer/Director |
|            | Change of Registered Agent         |
|            | Dissolution/Withdrawal             |
|            | Merger                             |

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| OTHER FILINGS |                  |
|---------------|------------------|
|               | Annual Reports   |
|               | Fictitious Name  |
|               | Name Reservation |
|               | Reinstatement    |

| REGISTRATION/QUALIFICATION |                   |
|----------------------------|-------------------|
|                            | Foreign           |
|                            | Limited Liability |
|                            | Reinstatement     |
|                            | Trademark         |
|                            | Other             |



**Articles of Organization  
For  
Critter Care, LLC  
Florida Limited Liability Company**

**ARTICLE I - Name:**

The name of the Limited Liability Company is Critter Care, LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

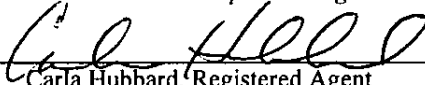
10942 Plum Nearly Rd., Box 128  
Fountain, Florida 32438

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Carla Hubbard  
10942 Plum Nearly Rd., Box 128  
Fountain, Florida 32438

*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.*

  
\_\_\_\_\_  
Carla Hubbard, Registered Agent

**ARTICLE IV - Management:**

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Carla Hubbard  
10942 Plum Nearly Rd., Box 128  
Fountain, Florida 32438

  
\_\_\_\_\_  
Meghan Record, Organizer

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