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To:

Division of Corporations  
Fax Number : (850) 617-6383

L. SELLERS

AUG 27 2008

From:

Account Name : BUSINESS FILINGS  
Account Number : 105256001620  
Phone : (608) 827-5300  
Fax Number : (608) 827-5501

EXAMINER

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**PET INSURANCE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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FAX AUDIT # **H08000202131 3**

**ARTICLES OF ORGANIZATION  
OF  
PET INSURANCE, LLC**

**ARTICLE I NAME**

The name of the limited liability company shall be: **PET INSURANCE, LLC**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this Limited Liability Company shall be: 3561 Conroy Road #239, Orlando, Florida 32839.

**ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and address of the initial registered agent is: Business Filings Incorporated, 1203 Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in the County of Leon.

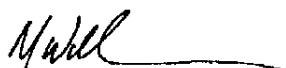
**ARTICLE IV DURATION**

The duration for the limited liability company shall be: 12/31/2048.

**ARTICLE V MANAGERS/MEMBERS**

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Alex Witherbee, 3561 Conroy Road #239, Orlando, Florida 32839



Date: August 26, 2008

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison, WI 53717

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**CERTIFICATE OF DESIGNATION OF REGISTERED  
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE  
UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF  
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE  
REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: **PET INSURANCE, LLC**

The name and address of the registered agent and office is Business Filings Incorporated, 1203  
Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in the County of  
Leon.

Having been named as registered agent and to accept service of process for the above stated  
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.

Signature:

  
*Mark Williams, A.V.P. Business Filings Incorporated*Date: *August 26, 2008*

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TOTAL P.03