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OCT - 6 2008

EXAMINER

COVER LETTER

Division of Corpor			
suвјест: <u>Нарр</u>	(Name of Limited Liabi	nier Pet lity Company)	Services, L.L.
The enclosed Articles of Org	ganization and fee(s) are submitte	d for filing.	
Please return all corresponde	ence concerning this matter to the	following:	
Michel	Ne Dencer (Name of	Person)	
HOPPYT	Tails - Pren (Firm/Co	mies Ped	Services, LLC
604 Su	Tempee C	ress)	
LAKE?	Pack, FL (City/State ar	33403 ad Zip Code)	
For further information conc	erning this matter, please call:		2008 SEC TALL
Metalle See	erson) at (F	(Area Code & Daytime Tele	39323
Enclosed is a check for the	e following amount:		Eor A
1 \$125.00 Filing Fee	Certificate of Status Cer	5.00 Filing Fee & tified Copy litional copy is enclosed)	\$160.00 Aing See, Certificate of Status & Certified Copy (additional copy is enclosed)
R D .P.	Mailing Address Legistration Section Division of Corporations LO. Box 6327 Callahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci	ircle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Happy Touls - Premior Pet Souces, L.L. C. (Must end with the words "Limited Liability Company, "L.L.C.," or "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:

COH So Tempo CT. LAKE PORT PL 33403 Lake Mark, FL 32403

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Name

Florida street address (P.O. Box NOT acceptable

City, State, and Zip

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..

Registered Agent's Signature (REQUIRED)

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HASSEF, FLORIDA

(CONTINUED)

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the executivation of this document constitutes an affirmation under the penalties of perfury that the facts stated herein are true.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV- Manager(s) or Managing Member(s):

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)