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(Requestor's Name)

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(City/State/Zip/Phone #)

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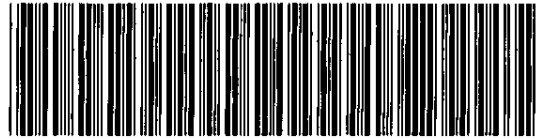
(Business Entity Name)

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EXAMINER

WEBBER, HINDEN, McLEAN & ARBEITER

A PROFESSIONAL ASSOCIATION

ATTORNEYS AT LAW

4430 SOUTHWEST 64TH AVENUE

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(1935-1992)

TELEPHONE (954) 587-3058
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February 2, 2009

Florida Department of State
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

VIA FEDERAL EXPRESS

Re: West Pet Spa, LLC
Our File No: E-6185

Dear Sir or Madam:

Enclosed please find the following:

1. Our law firm trust account check in the amount of \$125.00; representing \$100.00 for filing the enclosed Articles of Organization of West Pet Spa, LLC; and \$25.00 for the Registered Agent Fee;
2. An original and a copy of the Articles of Organization of West Pet Spa, LLC; and
3. A stamped pre-addressed envelope for returning a file-stamped copy of the Articles of Organization.

If you have any questions, please do not hesitate to contact the undersigned.

Very truly yours,

Jon A. Hinden

JAH/lb
Encls.

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION OF
WEST PET SPA, LLC
A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

West Pet Spa, LLC

ARTICLE II – Address:

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

1100 International Parkway
Sunrise, FL 33323

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

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

Jon A. Hinden, Esquire
4430 Southwest 64th Avenue
Davie, Florida 33314

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TALLAHASSEE, FLORIDA

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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, Florida Statutes.

By: _____

Jon A. Hinden, as
Registered Agent

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

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

“MGR” = Manager

“MGRM” = Managing Member

MGR

Diane E. Holtz
1100 International Parkway
Sunrise, FL 33323

MGRM

Charles E. West, Jr.
1100 International Parkway
Sunrise, FL 33323

Required Signatures:

By: _____

Signature of member or an authorized
representative of a member

By: Diane E. Holtz

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(In accordance with §608.408(3), Florida Statutes, the execution
of this document constitutes an affirmation under penalties of perjury
that the facts stated herein are true.)