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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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MAIL

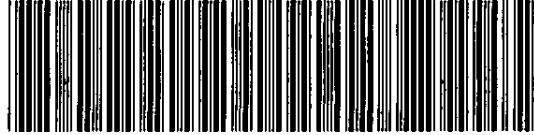
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

JUL 20 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 14, 2009

SHAWNA ROMKEY
2021 SOUTH MILLS AVE
ORLANDO, FL 32806

SUBJECT: THE BUREAU FOR PROFESSIONAL PET CARE, ETHICS &
BUSINESS, LLC
Ref. Number: W09000032226

We have received your document for THE BUREAU FOR PROFESSIONAL PET CARE, ETHICS & BUSINESS, LLC and your check(s) totaling \$155,000. However, the enclosed document has not been filed and is being returned for the following correction(s):

The first page of the application was missing from your document.,

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 209A00024102

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Bureau for Professional Pet Care, Ethics & Business
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shawna Romkey

Name of Person

The Bureau for Professional Pet Care, Ethics & Business, LLC

Firm/Company

2021 South Mills Ave.

Address

Orlando FL 32806

City/State and Zip Code

bppceb@live.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shawna Romkey

Name of Person

at (407)

574-2409

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☒ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE BUREAU FOR PROFESSIONAL PET CARE, ETHICS & BUSINESS, LLC

(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:

2021 SOUTH MILLS AVE
ORLANDO FL 32806

Mailing Address:

2021 SOUTH MILLS AVE
ORLANDO, FL 32806

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:

SHARON M. ROMEY
Name

2021 SOUTH MILLS AVE
Florida street address (P.O. Box NOT acceptable)
ORLANDO FL 32806
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)

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

Managing Member

Shawna Romkey

2021 South Mills Ave


Orlando, FL 32806

(Use attachment if necessary)

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ARTICLE V: Effective date, if other than the date of filing: July 11, 2009 (OPTIONAL)
(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 execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

SHAWNA m Romkey

Typed 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)