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| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only

G. MCLEOD

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OCT-6 2009

EXAMINER

EXAMINER

SECRETARY OF STATE

COVER LETTER

| TO: | Registration Section Division of Corporations | | | |
|-------------------|--|--|--|--|
| SUBJE | CCT: THE NATURALY HEALTHY PET, LI Name of Limited Liability Company | | | |
| The end | closed Articles of Organization and fee(s) are submitted for filing. | | | |
| Please i | return all correspondence concerning this matter to the following: | | | |
| - | JERRY W. AYERS Name of Person | | | |
| | | | | |
| | Firm/Company | | | |
| - | 1819 FOLKSTONE ROATS | | | |
| - | TALLAHASSEE, FL 32312 | | | |
| _ | Jerrywayers @ comcast, net B-mail address: (to be used for future annual report notification) | | | |
| For furt | ther information concerning this matter, please call: | | | |
| <u>Je</u> | Name of Person at (850) 598-5093 Area Code & Daytime Telephone Number | | | |
| Enclos | ed is a check for the following amount: | | | |
| √ \$125.6 | 00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$\bigcup \\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | | |
| | Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 | | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

| THE NATURALY H | EALTHY FET LLC. y Company," "L.L.C.," or "LLC.") |
|--|---|
| (Must end with the words "Limited Liability | y Company," "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the printing address and street address address and street add | ncipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 1819 FOLKSTONE ROAD TALLAHASSEE, FL 32312 | 1819 FOLKSTONE ROAD TALLAHASSEE, FL 32312 |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) | |
| The name and the Florida street address of the re- | gistered agent are: |
| JERRY W. / | AYERS ES & |
| Name | <u> </u> |
| 1819 FOLKSTON | IE KOAD BY |
| Florida street address (P.O. E | 30x NOT acceptable) |
| TALLA HA SSEE City, State, and | FL 323)2 |
| City, State, and | 1 Zip |
| liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per | ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S. |
| Jess W |) |

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
|--|--|
| MGRM | JERRY W AYERS 1819 FOLKSTONE ROAD TALLAHASSEE, FL 323)Z |
| <u>MGR</u> | BASIL K. COUSINS IT 1120 BENNAMIN CHAIRES RD. TAUMAASSEE, FL 32317 |
| | |
| | |
| (Use attachment if necessary) | |
| | date of filing: (OPTIONAL) e specific and cannot be more than five business days prior |
| REQUIRED SIGNATURE: | |
| |) () |
| Signature of a member | r or an authorized representative of a member. |
| of this document const that the facts stated her | tion 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury ein are true.) |
| JERRY 1 | A YERS ped or printed name of signee |
| Туј | ped or printed name of signee |
| Filing Fees: | |
| \$125.00 Filing Fee for Articles of Organ | nization and Designation |

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