L10000050523

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
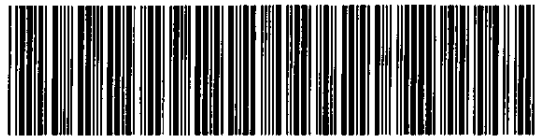(Document Number)

Certified Copies _____   Certificates of Status _____

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Office Use Only

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FILED
10 MAY 10 PM 12: 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAY 11 2010

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: SportyPet LLC
_____
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:

Todd Handler
_____
Name of Person

Jeowind LLC
_____
Firm/Company

5091 Cypress Links Blvd
_____
Address

Elkton/FL 32033
_____
City/State and Zip Code

th@bunkersbackyard.com
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Todd Handler   at (904   ) 342-6613
_____
Name of Person   Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

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

Mailing Address   **Street/Courier Address**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
P.O. Box 6327   Clifton Building
Tallahassee, FL 32314   2661 Executive Center Circle
                                     Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

SportyPet 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:

5091 Cypress Links Blvd

Elkton FL 32033

Mailing Address:

5091 Cypress Links Blvd

Elkton Fl 32033

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:

Jeowind LLC

Name

5091 Cypress Links Blvd
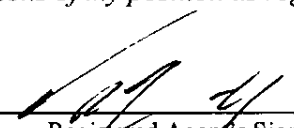
Florida street address (P.O. Box **NOT** acceptable)

Elkton   FL 32033

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)

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:

Title:
"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

MGRM

Jeowind LLC

5091 Cypress Links Blvd

Elkton FL 32033

MGRM
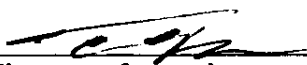
Stephanie Davis

1215 N. Ashley Drive

Nixa, MO 65714

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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.)

Todd Handler
_____
Typed or printed name of signee