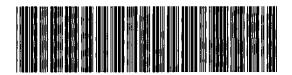


(Re	questor's Name)	
(Add	dress)	<u> </u>
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(City	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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05/27/10--01021--010 **125.00

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Pet Styl			
	Name of Limit	ed Liability Company	
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corresp	oondence concerning this mat	ter to the following:	
Michel Quinta	ana		
Wildright Quinte		Name of Person	
		Firm/Company	
1368 SW 160	Ave.		
		Address	
Sunrise, FL 3	3326		
		y/State and Zip Code	
fancepawe@g		ws 77 & amail. Com	
	E-mail address: (to be used	for future annual report notification)	
For further information	concerning this matter, please	e call:	
Michel Quintana		at (954) 336-5352	
	of Person	Area Code & Daytime Telephone Number	
Enclosed is a check for	or the following amount:		
☑\$125.00 Filing Fee	□\$130.00 Filing Fee &	□\$155.00 Filing Fee & □ \$160.00 Filing Fe	e
□\$125.00 Filling Fee	Certificate of Status	Certified Copy (additional copy is enclosed) Certified Copy (additional copy is en	us &
	Mailing Address	Street/Courier Address	
	Registration Section Division of Corporations	Registration Section Division of Corporations	
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	
	i ananassee, 1 12 323 14	Tallahassee, FL 32301	



RECEIVED

09 JUN -7 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

May 28, 2010

MICHEL QUINTANA 1368 SW 160 AVE. SUNRISE, FL 33326

SUBJECT: PET STYLES, LLC Ref. Number: W10000026020

We have received your document for PET STYLES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 910A00013475

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

•	•
ARTICLE I - Name:	
The name of the Limited Liability Company	vis:
Pot Styles, LLC Pot Styles (Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of th	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1368 SW 160 Ave	1368 SW 160 Ave
Sunrise, FL 33326	Sunrise, FL 33326
(The Limited Liability Company cannot serve as its own F	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
business entity with an active Florida registration.)	
The name and the Florida street address of t	he registered agent are:
Michel Quintana	
N	ame
1368 SW 160 Ave.	
	et address (P.O. Box <u>NOT</u> acceptable)
Sunrise, FL 33326	y, State, and Zip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet accept the obligations of my position as to Registered Agenes Si	d to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S
Pa	ige 1 of 2

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

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

"MGR" = Manag "MGRM" = Man		Name and Address:	
MGR	<u> </u>	Qn9 Michel Quintre	
		1368 SW 160 Ave. Sunrise, FL 33326	
			
			
			
			
(Use attachment i			
CLE V: Effective of	date, if other than the ted, the date must be te of filing.)	date of filing: (OP e specific and cannot be more than five busin	TiONAL) ness days p
CLE V: Effective of the control of t	date, if other than the ted, the date must be ite of filing.) GNATURE:	e specific and cannot be more than five busin	TIONAL) ness days p
CLE V: Effective of the control of t	date, if other than the ted, the date must be ite of filing.) GNATURE: Signature of a member (In accordance with sec	r or an authorized representative of a member.	TiONAL) ness days p
CLE V: Effective of the control of t	date, if other than the ted, the date must be ate of filing.) GNATURE: Signature of a member of this document constitutation that the facts stated here.	r or an authorized representative of a member.	TIONAL) ness days p

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

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