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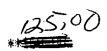
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

TO:

Registration Section

| Division of Corporations | |
|---|---|
| SUBJECT: Fun Paw Care, LL | C |
| | f Limited Liability Company |
| | |
| The enclosed Articles of Organization and fee | (s) are submitted for filing. |
| Please return all correspondence concerning the | nis matter to the following: |
| Russell Hartstein | |
| · | Name of Person |
| Fun Paw Care, LLC | |
| | Firm/Company |
| P.O. Box 191121 | |
| | Address |
| Miami Beach Florida 331 | 19 |
| 3.00.00 | City/State and Zip Code |
| funpawcare@gmail.com | |
| | e used for future annual report notification) |
| For further information concerning this matter | . please call: |
| Russell Hartstein | at (786) 372 0299 |
| Name of Person | Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amor | unt: |
| \$125.00 Filing Fee \$130.00 Filing Fee Certificate of Star | |
| Mailing Address Registration Section Division of Corpora P.O. Box 6327 Tallahassee, F1. 323 | tions Division of Corporations Clifton Building |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Compar | ny is: |
|--|--|
| Fun Paw Care, LLC | |
| (Must end with the words "Limited | Hability Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of t | the principal office of the Limited Liability Company is |
| Principal Office Address: | Mailing Address: |
| 1300 Washington Avenue #191121 | P.O. Box 191121 |
| Miami Beach, Florida 33119 | Miami Beach, Florida 33119 |
| (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of | stered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another The registered agent are: |
| Russell Hartstein | |
| | Name |

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..

FL 33119 City, State, and Zip

Florida street address (P.O. Box NOT acceptable)

e/stered Agent's Signature (REQUIRED)

1300 Washington Avenue #191121

Miami Beach

(CONTINUED)

Page 1 of 2

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SECRETARY OF STATE

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

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

| "MGR" = Manager | Name and Address: |
|--|---|
| "MGRM" = Managing Member | |
| MGRM | Russell Hartstein |
| | P.O. Box 191121 |
| | Miami Beach, FI 33119 |
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| (Use attachment if necessary) | |
| (Use attachment if necessary) | |
| CLE V: Effective date, if other tha | n the date of filing: (OPTIONAL) |
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| CLE V: Effective date, if other tha | on the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days p |
| CLE V: Effective date, if other that effective date is listed, the date m | n the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days p |
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| CLE V: Effective date, if other that effective date is listed, the date med days after the date of filing.) REQUIRED SIGNATURE: Signature for me discretion of the content of the conten | ust be specific and cannot be more than five business days p where the specific and cannot be more than five business days p where the specific and cannot be more than five business days p where the specific and cannot be more than five business days p where the specific and cannot be more than five business days p where the specific and cannot be more than five business days p |
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| CLE V: Effective date, if other that effective date is listed, the date med days after the date of filing.) REQUIRED SIGNATURE: Signature for a mean constitutes an affirmation I am aware that any false | tember or an authorized representative of a member. on 608.408(3). Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.) |

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)