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Office Use Only



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SECRETARY OF STATE
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C. LEWIS

DEC 1 8 2012

EXAMINER

TO: Registration Section **Division of Corporations**

house of hounds pet supply and grooming LLC SUBJECT:

Name of Limited Liability Company

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

Please

| Kenneth James Ga | Name of Person |
|---|--|
| , | ~ . |
| | Firm/Company |
| 3333 Eubanks Ave. | · |
| | · Address |
| Orlando Fl. 32806 | , |
| | City/State and Zip Code |
| gallapaf@hotmail.com | • |
| E-mail address: (to be us | sed for future annual report notification) |
| further information concerning this matter, ple | ease cail: |
| Cenneth J Gallagher | _{at} 321 263-6625 |
| Name of Person | 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company | ny is: | |
|--|---|--|
| House of Hounds pet supply and grooming LLC (Must end with the words "Limited") | d Liability Company, "L.L.C.," or "LLC.") | |
| · | | |
| ARTICLE II - Address: | | |
| The mailing address and street address of | the principal office of the Limited Liabili | ty Company is: |
| Principal Office Address: | Mailing Address: | |
| House of Hounds pet supply and grooming LLC | | |
| 3407 Conway Gardens rd. | | |
| Orlando Fl. 32806 | | |
| (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Kenneth J Gallagher | | SECRETARY OF SOLVISION OF CORPOR |
| | Name | - G |
| | | 7 350 |
| 3333 Eubanks Ave. | | |
| | reet address (P.O. Box NOT acceptable) | |
| Orlando | _{FL} 32806 | - 1/2 |
| C | City, State, and Zip | |
| liability company at the place designate registered agent and agree to act in this all statutes relating to the froper and co and accept the obligations of my position | and to accept service of process for the about this certificate, I hereby accept the appropriately. I further agree to comply with the appropriate performance of my duties, and I am as registered agent as provided for in Charles Signature (REQUIRED) | ppointment as he provisions of n familiar with |

(CONTINUED)

Page 1 of 2

| <u> Fitle:</u> | Manager or Managing Member is as follows: Name and Address: |
|--|--|
| 'MGR" = Manager | |
| 'MGRM" = Managing Membe | |
| ***** | W |
| "MGR" | Kenneth J Gallagher 3333 Eubanks Ave. |
| | Orlando Fl 32806 |
| | Crianuo i i 32000 |
| "MGR" | Colleen L Gallagher |
| | 3333 Eubanks Ave. |
| | Orlando Fl. 32806 |
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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)