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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: COZY PET CARE 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:
CARLA STAZKO Name of Person
COZY PET CARE LLC. Firm/Company
6470 S.W. 80TH AVE,
TRENTON F-U 32693 City/State and Zip Code BUCSKN BABY @ AOL, Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CARIA STA-UCD at (941) 504-1456 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \tag{\$155.00 Filing Fee & \text{Certified Copy (additional copy is enclosed)}} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Mailing AddressStreet AddressNew Filing SectionNew Filing Section

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing 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 is:	15 No
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	16 PH
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address: 6470 S.W. 80TH AVE. 6470 S.W. 80TREWTON, FL 32693 TREWTON, FL 32693 TREWTON, FL 3	TH ANT.
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 individ another business entity with an active Florida registration.)	ual or
The name and the Florida street address of the registered agent are: CARIA STAZKO Name	
6470 S.W. 8014 AVE. Florida street address (P.O. Box NOT acceptable)	
TRENTON, FL 32693 City State Zip	
Having been named as registered agent and to accept service of process for the above stated limited liability of place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this further agree to comply with the provisions of all statutes relating to the proper and complete performance of am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605.	is capacity. I my duties, and I
Registered Agent's Signature (REQUIRED)	

Page 1 of 2

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	•
"MGR" = Manager $M(QQ)$	('ARIA STAZKI)
- WIGIE	6470 S.W. 8014 AVE.
	TRENTON EL 32093 . 5
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	5
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(Heapttochment if necessary)	•
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ARTICLE IV-