

**L17000000706**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H17000000808 3)))



H170000008083ABCY

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : SNYDER & SNYDER, P.A.  
Account Number : I20160000107  
Phone : (954) 475-1139  
Fax Number : (954) 475-2634

**\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.\*\***

Email Address:

Corp @ snyderlawpa.com

**FLORIDA LIMITED LIABILITY CO.  
Pet Travel Transport, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 1        |
| Page Count            | 03       |
| Estimated Charge      | \$160.00 |

**T. BURCH**

**JAN 4 2017**

Electronic Filing Menu

Corporate Filing Menu

Help

((H17000000808 3))

PET TRAVEL TRANSPORT, LLC  
3558 N.E. 12<sup>th</sup> Avenue  
Fort Lauderdale, Florida 33334

December 30, 2016

Department of State  
Attn: New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: *Pet Travel Transport, LLC*  
*Document No.: L11000053293*  
*Release of Name*

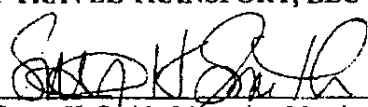
Dear Sir or Madam:

Pet Travel Transport, LLC, whose document number is L11000053293, electronically filed Articles of Dissolution with your office on December 29, 2016. The effective date of dissolution is December 31, 2016.

As the Managing Member of Pet Travel Transport, LLC, I hereby agree and consent to the immediate release of the name "Pet Travel Transport, LLC" to Pet Travel Transport, LLC, a new entity that will be formed with the exact name. The release of name shall be granted to Pet Travel Transport, LLC, which is filing Articles of Organization with the State simultaneously hereto.

I appreciate your assistance regarding this matter. Should you have any questions or require any additional information, please do not hesitate to contact me at (954) 566-7300.

PET TRAVEL TRANSPORT, LLC

By:   
Susan H. Smith, Managing Member

((H17000000808 3))

(( (H17000000808 3) ))

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Pet Travel Transport, 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:**3558 N.E. 12th Avenue  
Fort Lauderdale, Florida 33334**Mailing Address:**P.O. Box 23364  
Fort Lauderdale, Florida 33307**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:

Shawn C. Snyder

Name

7931 Orange DriveFlorida street address (P.O. Box **NOT** acceptable)DavisFlorida33328

City

State

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 605, F.S.

  
 Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

(( (H17000000808 3) ))

 FILED  
 17 JAN -3 AM 10:42  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

(((H17000000808 3)))

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Susan H. Smith

P.O. Box 23364

Fort Lauderdale, Florida 33307

MGR

Campbell Smith

P.O. Box 23364

Fort Lauderdale, Florida 33307

MGR

Phillip Grant

P.O. Box 23364

Fort Lauderdale, Florida 33307

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: January 1, 2017 (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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE**

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Susan H. Smith

Typed or printed name of signer

**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)

(((H17000000808 3)))

FILED  
17 JAN -3 AM 10:42  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA