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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: For Pet'S Sake, LLC Name of Limited Liability Company	.
	1
The enclosed Articles of Organization and fee(s) are submitted for filing.	. (
Please return all correspondence concerning this matter to the following:	, j
Sunta Spencer Name of Person	
For Pet's Sake	
73) E. Tennessee St	
Tallahassee PL 32308 City/State and Zip Code	
For Petssake tallahasee a gmail. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
SWITZ SAWCEVat (EST) 4084534 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee Certificate of Status S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certified Copy (additional copy is enclosed)	ed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

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:

Name

131 E. ILNIUSSEL ST

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

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

Title: "AMBR" = Authorized Memb	Name and Address:
"MGR" = Manager	2000 Policalo
_ MAIC	731 E (MM) See Se
	Tallahassee PL 32308
AMBR	Reni Seenav
	719 t tennissa st
	Allahassee, R 37308
	
ective date is listed, the date r of filing.)	on the date of filing:
EV: Effective date, if other the lective date is listed, the date is of filing.)	nust be specific and cannot be more than five business days prior to or 90 da does not meet the applicable statutory filing requirements, this date will not be
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ARTICLE IV-

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