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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Rosa Wong, Paralegal
Account Name : AKERMAN LLP - MIAMI
Account Number : 075471001363
Phone : (305) 374-5600
Fax Number : (305) 374-5095

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

Email Address: Steve@ktgrowth.com

FLORIDA LIMITED LIABILITY CO.
Saulty Pet Woodbridge, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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TALLAHASSEE, FL

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**ARTICLES OF ORGANIZATION
OF
SAULTY PET WOODBRIDGE, LLC**

ARTICLE I: - Name

The name of the Limited Liability Company is **Saulty Pet Woodbridge, LLC**

ARTICLE II: - Address

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

**3806 W. Empedrado Street
Tampa, Florida 33629**

ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida street address of the registered agent are:

**Steven A. Torres
3806 W. Empedrado Street
Tampa, Florida 33629**

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.



Steven A. Torres, as Registered Agent

ARTICLE IV: - Management

The name and address of each person authorized to manage and control the limited liability company is as follows:

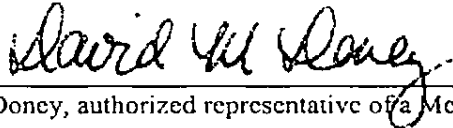
<u>Title:</u>	<u>Name and Address:</u>
MGR	Steven A. Torres 3806 W. Empedrado Street Tampa, Florida 33629

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IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on November 28, 2018.

A handwritten signature in black ink, appearing to read "David M. Doney", is written over a horizontal line.

David M. Doney, authorized representative of a Member

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 Section 817.155, Florida Statutes.)

David M. Doney

Typed or printed name of signee

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