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SECRETARY OF STATE AND A SECRETARY OF STATE

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COVER LETTER

	tration Section on of Corporations				
SUBJECT:	VALKYRIE WEII (Name of Limite)	MARANERS LL(ed Liability Company)	<u> </u>		
Florida," Certi	"Application by Foreign Limited Liabil tificate of Existence, and check are submany to transact business in Florida.				
Please return	all correspondence concerning this matt	ter to the following:			
	SHARON F.	PYLLING			
	(Name	e of Person)			
	(2)		7.0		
	`	/Company)	7001 NOV 15 SECRETARY ALLAHASSE		
3140 REIMER RA AHET STORY OF THE CARREST OF THE CAR					
	(A	Address)			
	NORTON, C)H10 44203 e and Zip Code)	TILED 101 NOV -5 P 4: 38 ECRETARY OF STATE LAHASSEE, FLOR DA		
(City/State and Zip Code)					
For further inf	formation concerning this matter, please	e call:			
SHA	PULLING (Name of Person)	at (330) 825-02	00		
			ione Number)		
	•	STREET ADDRESS: Division of Corporations			
		Clifton Building 2661 Executive Center Circle			
1 ងារង្ហា		Tallahassee, FL 32301			
	check for the following amount: 5.00 Filing Fee \$\square\$		Filing Fee, Certificate of Status & Certified Copy		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIAINCE WITH SECTION BUSIES, PLORIDA STATUTES, THE POLITIMING IS SUBVITTED TO RECISTER A POREIGI LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. VALKYRIE WEIMARANERS L.L.C. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
VALKYRIE WEIMARANERS IL LILIC.
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written
consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability
Company," "L.L.C.," "LLC.")
2.STRTS OF OHID (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
, 10/28/2000 , 10/28/2030
4. 10/28/2000 (Date of Organization) 5. 10/28/2030 (Duration: Year limited liability company will cease to
exist or "perpetual")
6. 4/2006
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
(See sections 608.501 & 608.502 F.S. to determine penalty hability)
7. 3140 REIMER RD NORTON ONIO 44203 (Street Address of Principal Office)
NORTON ONIO 44203 (Street Address of Principal Office)
NORTON, UNIO 44203
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here
NORTON UNIO 4420 S (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows:
9. The hame and usual business addresses of the managing members of managers are as ignows.
SHARON R. PULLING 3140 REIMER RD NORTORE CHO 1/203
State of the state
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in
the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: ANIMAL HUSBANDRY
11. Nature of business or purposes to be conducted or promoted in Florida: \(\frac{110 \text{TM (1) C}}{100 \text{D(1)} \text{D(1)}} \)
AND DOG BOARDING KENNEL
THOS DOG DOTICOTORY (CNOCE
Mars Al Du Olin
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes
an affirmation under the penalties of perjury that the facts stated herein are true.)
SHARON R PULLING.
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	
VALKYRIE WEIMARANERS L.L.	<u>C</u> .
If name unavailable, the alternate name to be used in the state of Florida is:	
VALKYRIE WEIMARANERS IT L.L.C.	
2. The name and the Florida street address of the registered agent and office are:	
905X CATHERINE PULLING (Name) PS	
Florida Street Address (P.O. Box NOT ACCEPTABLE) FORT ST JOE FL 32456	
PORT ST JOE FL 32456 FLS DE City/State/Zip City/State/Zip WWW.	<i>و</i> ب
	*

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 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

United States of America State of Ohio Office of the Secretary of State

I, Jennifer Brunner, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show VALKYRIE WEIMARANERS L.L.C., an Ohio Limited Liability Company, Registration Number 1181693, was organized within the State of Ohio on August 28,-2000; is currently in FULL FORCE AIND ETTECT upon the records of this Office.

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SECRETARY OF STATE
TALLAHASSEF FI COMICA



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 25th day of October, A.D. 2007

Ohio Secretary of State

Validation Number: V2007298039EB3