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| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| (Document Number)                       |
| (Document Number)                       |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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EXAMINER

AMANDA M. HOWE

LEGAL ASSISTANT
AHOWE@BODMANLLP.COM
734-761-3780

BODMAN LLP SUITE 400 201 SOUTH DIVISION STREET ANN ARBOR, MICHIGAN 48104 734-930-2494 FAX

bodman

734-761-3780

August 21, 2008

Registration Section of Florida Dept. of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Application of Authority for Leap Year PSP, LLC to transact Business in the State of Florida

Dear Ladies and Gentlemen:

Please find the following documents enclosed for filing with the Florida Department of State:

- 1. the application by Leap Year PSP, LLC, a Michigan limited liability company for authorization to transact business in Florida;
- 2. an original certificate of existence of Leap Year PSP, LLC issued by the State of Michigan;
- 3. a certificate of designation of registered agent/registered office;
- 4. a check in the amount of \$125.00 made payable to the Florida Department of State in payment of the filing fees; and
- 5. the form cover letter.

amanda M. Howe

Please file in your usual manner. If there are any issues with the enclosed documents or if you need any additional information, please feel free to contact me.

Sincerely yours,

Amanda Howe

Enclosure(s)

Legal Assistant

## COVER LETTER

| TO: Registration Section Division of Corporations                                      | ,   |
|--|---|
| SUBJECT: Leap Year PSP, LLC (Name of Lim   | nited Liability Company)  |
| The enclosed "Application by Foreign Limited Lia                                       | ability Company for Authorization to Transact Business in ubmitted to register the above referenced foreign limited             |
| Please return all correspondence concerning this n                                     | natter to the following:  |
| Sarah J. Williams, Atto  | erney   |
|  | ime of Person)  |
| Bodman LLP   |   |
| (Fi  | rm/Company)   |
| 201 S. Division Street,  | Suite 400   |
|  | (Address)   |
| Ann Arbor, MI 48104  |   |
| (City/St.  | ate and Zip Code)   |
| For further information concerning this matter, ple                                    | ase call:   |
| Amanda Howe  | _ <sub>at (</sub> _734 <sub>)</sub> , 761-3780  |
| (Name of Person)   | (Area Code & Daytime Telephone Number)  |
| MAILING ADDRESS:   | STREET ADDRESS:   |
| Division of Corporations   | Division of Corporations  |
| P.O. Box 6327<br>Tallahassee, FL 32314   | Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301   |
| Enclosed is a check for the following amount:  []\$125.00 Filing Fee \$ Certificate of | \$\square\$\$\square\$\$\$155.00 Filing Fee & \$\square\$ |

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. Leap Year PSP, LLC  (Name of Foreign Limited Liability Company; must include   | e "Limited Liability Company," "L.L.C.," or "LLC.")   |
|---|---|
| (If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the alternate Company," "L.L.C.," "LLC.")   | of transacting business in Florida and attach a copy of the written ate name. The alternate name must include "Limited Liability  |
| 2. Michigan 3.  | 26-1991886  |
| (Jurisdiction under the law of which foreign limited liability company is organized)  | (FEI number, if applicable)   |
| 4. 2/20/2008 5.   | Perpetual   |
| (Date of Organization)  | (Duration: Year limited liability company will cease to exist or "perpetual")   |
| <sub>6.</sub> n/a   | <u>.</u>  |
| (Date first transacted business in Flori<br>(See sections 608.501 & 608.502 F.S. to   | ida, if prior to registration.) o determine penalty liability)  |
| 7. 7331, Park Blvd., North  | <b>一                                    </b>  |
| Pinellas Park, FL 33781   | <b>5</b>  |
| (Street Address of  | Principal Office)   |
| 8. If limited liability company is a manager-managed co   | Principal Office)  Ompany, check here   Ompany, check here   Ompany    Ompa |
| 9. The name and usual business addresses of the manag   | ging members or managers are as follows:  |
| Kenneth V. Darish, 7331 Park Blvd., N   | I., Pinellas Park, FL 33781   |
| David Oser, 7331 Park Blvd., N.,  | Pinellas Park, FL 33781   |
|   |   |
| 10. Attached is an original certificate of existence, no more than 90 day the jurisdiction under the law of which it is organized. (A photocopy is translation of the certificate under oath of the translator must be submit | is not acceptable. If the certificate is in a foreign language, a   |
| 11. Nature of business or purposes to be conducted or p   | promoted in Florida:  |
| To operate a retail pet and pet supply store  | e as a franchisee of Pet Supplies "Plus"  |
| Signature of a member or an auth (In accordance with section 608.408(3), F.S. an affirmation under the penalties of perjury Kenneth V. Darish, Gen  | y that the facts stated herein are true.)   |

Typed or printed name of signee

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

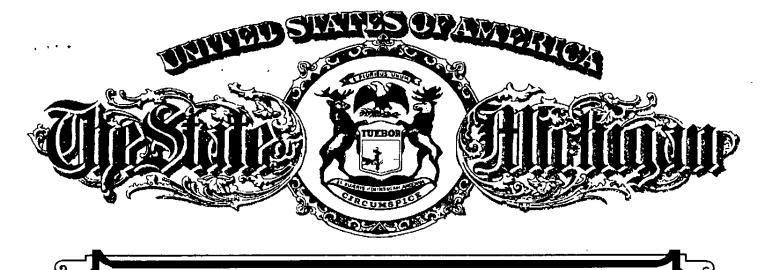
PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

| Leap Year PSP, LLC  |
|---|
| If name unavailable, the alternate name to be used in the state of Florida is:  |
| 2. The name and the Florida street address of the registered agent and office are:  |
| Kenneth V. Darish   |
| (Name)  |
| 7331 Park Blvd., North  |
| Florida Street Address (P.O. Box NOT ACCEPTABLE)  |
| Pinellas Park, FL 33781 <sub>FL</sub>   |
| 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 608, Florida Statutes.  \$100.00 Filing Fee for Application  \$25.00 Pagignation of Pagignation |
| \$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent   |

**Certified Copy (optional)** \$ 5.00 Certificate of Status (optional)

\$ 30.00



Michigan Department of Labor & Economic Growth

Lansing, Michigan

This is to Certify That

#### LEAP YEAR PSP, LLC

was validly organized on February 20, 2008 as a Limited Liability Company. Said Limited
Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 8th day of August, 2008

Bureau of Commercial Services

,Director