# M13000001089

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
(Document Number)  Certified Copies Certificates of Status				

Office Use Only



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#### **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJI	ЕСТ:		Ret Friends ited Liability Company	LLC	
				insact Business in Florida," Certificate o company to transact business in Florida	
Please	return all correspondence c	oncerning this matter to the	following:		
		Denise	Van Sickel une of Person		
	<u></u>	Lawrence	Put Friend	ISLLC	
		8500	Address	St	
	<del></del>	Tama	avac to 3 ate and Zip Code	33.91	
		Flond E-mail address: (to be used	apet Fn ends for future annual report noti	equal.com	
For fur	ther information concerning	g this matter, please call:		fication)	5 des # 3
	Name	VanSical of Person Area	at (954) 99 Code & Daytime Telephone	98316 SSAY 1	Provided Section (Control of Control of Cont
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Division Registra Clifton 2661 Ex	T ADDRESS: n of Corporations stion Section Building secutive Center Circle ssee, FL 32301	9 8 3 1 6 SEPTE STATE SSEPTE CRIDA	
Enclo	sed is a check for the for the for the formal section of the secti	ollgwing amount:  52 \$130.00 Filing Fee &  Certificate of Status	☐ \$155.00 Filing Fee & Certifled Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy	



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 29, 2013

DENISE VAN SICKEL 8506 NW 61ST ST TAMARAC, FL 33321

SUBJECT: LAWRENCE PET FRIENDS LLC

Ref. Number: W13000060041

We have received your document for LAWRENCE PET FRIENDS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 013A00025160

## 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 FO LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	REIGN
1. (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.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the w	
consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabilit Company," "L.L.C," "LLC.")	y
2. Kawaa 3. 26-0473315  (Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if applicable)	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4.	
6. (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
_	
7	20
(Street Address of Principal Office)	₩
(Street Address of Principal Office)	2
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:	型 - 1 い - 7
	;; ;; ;;
8506 AW 6184	
Tamarac PL 33321	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of re	cords 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 translation must be submitted.)	
11. Nature of business or purposes to be conducted or promoted in Florida: // / mc	
pet sitting + dog warking	•
Jun Man Sol. O	
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. 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.)	
Typed or printed name of signee	
r shear of brunen using or 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:  Lawren a Pet Friends LLC					
If unavailable, the alternate to be used in the state of Florida is:					
2. The name and the Florida street address of the registered agent and office are:					
Denise Van Sick)					
SD 6 MW 61 St St Florida Street Address (P.O. Box NOT ACCEPTABLE)	2013				
Tamaruc FL 33301 City/State/Zip	2013 NOV -7 SCANSTARY ALL KHASS				
Having been named as registered agent and to accept service of process for the above stat					
liability company at the place designated in this certificate, I hereby accept the appointme registered agent and agree to act in this capacity. I further agree to comply with the provisatutes relating to the proper and complete performance of my duties, and I am familiar vaccept the obligations of my position as registered agent as provided for in Chapter 608, I Statutes.	ent as $\exists  \sim$ isions of all $\blacksquare$ with and				
Signature)					
\$ 100.00 Filing Fee for Application					

Designation of Registered Agent

Certified Copy (optional)
Certificate of Status (optional)

\$ 25.00

\$ 30.00

5.60

## STATE OF KANSAS OFFICE OF SECRETARY OF STATE KRIS W. KOBACH

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 6186563

Entity Name: LAWRENCE PET FRIENDS, L.L.C.

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

Resident Agent: DENISE VAN SICKEL

Registered Office: 1036 Andover, LAWRENCE, KS 66049

was filed in this office on July 05, 2007, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of October 22, 2013

KRIS W. KOBACH SECRETARY OF STATE

Certificate ID: 591178 - To verify the validity of this certificate please visit <a href="https://www.kansas.gov/bess/flow/validate">https://www.kansas.gov/bess/flow/validate</a> and enter the certificate ID number.