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	Account Name		
	Account Number	: 110432003053	ing a figure and
	Phone	: (561)694-8107	ÿa: ;; ; ; ; ; ; ; ; ; ;
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Foreign Limited Liability Company DR. Lyon'S, LLC

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Help O SIMMONS

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

IN COMPLIANCE WITH SECTION (05.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA;

L. DR. Lyon's, LLC			
(Name of For	eign Limited Liability Company; must include "Limi	ted Linolity Company," "L.L.C.," or "LLC	(7)
Glability Company," "L.L.C.	Itemate name adopted for the purpose of transacting I	ousiness in Florida. The alternate name mu	st include "Limited
2. Delaware			
(Jurisdiction under the law company is organized)	of which foreign limited Jiability	(FEI number, if applicable)	
4	(Date first transacted business in Florida, if	prior to registration.)	
5. 1855 Griffin Road, Sui	(Date first transacted business in Florida, if (See sections 605 0904 & 605,0905, F.S. to do ite B-428	termine penalty liability)	
Dania Bench, FL 3300			
10ss carea base o t	(Street Address of Principal Office)		
6. 1855 Griffin Road, Suit	16 P-478		A SEB.
Dania Beach, FL 3300-	4		Z -0 - 1
	(Mailing Address)		
7. Name and street addres	is of Florida registered agent: (P.O. Box NOT)	acceptable)	THEP-7 AM 9
Name:	Corporate Creations Network Inc.		P-7 AH 9: 29
Office Address:	11380 Prosperity Farms Road #221E		9
	Palm Beach Gardens	, Florida <u>33410</u>	
Registered agent's accep	(City)	(Zip code)	
Having been named as re designated in this applica- to complywith the provision	gistered agent and to accept service of process tion. I hereby accept the appointment as registerns of all statutes relative to the proper and coiny position as registered agent. (Registered agent's sign	ered agent and agree to act in this cap implete performance of my duties, and Rachel Kauffman, Specia	acity. I further agree I am familiar with and
8. The name, title or capa	icity and address of the person(s) who has/have	authority to manage is/are:	
Chewy, Inc Member - 1	855 Griffin Road, Suite B-428, Dania Beach, Fl	L 33004	
9. Attached is a certificate	of existence, no more than 90 days old, duly au	thenticated by the official having custo	dy of records in the
jurisdiction under the law of the translator must be su	of which it is organized. (If the certificate is in a abmitted) Out Signature of an authorized	11-	ertificate under oath
This document is executed submitted in a document to	in accordance with section 605.0203 (1) (b), Floor the Department of State constitutes a third degr	orida Statutes. I am aware that any false ee felony as provided for in s.817,155,	s information F.S.
	Rachel Kauffman, Attorney-in-Fact		

Typed or printed name of signee

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "DR. LYON'S, LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE SEVENTH DAY OF SEPTEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DR. LYON'S, LLC" WAS FORMED ON THE SEVENTH DAY OF SEPTEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

e at corp.delaware.gov/auth

Authentication: 203182006

Date: 09-07-17