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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:		Name of I	Limited Liability C	Company		_
		reign Limited Liability Comp ed to register the above refere				
Please return	all correspondence	concerning this matter to the	following:			
	Scott Roberts					
		Na	ime of Person		<u>-</u>	_
	Petsense, LLC					
		Fi	rm/Company			
	14301 N. 87th	Street Suite 203				
			Address			_
	Scottsdale, AZ	85260				
		City/S	tate and Zip Code			
	scott.roberts@p	etsenselle.com				
		E-mail address: (to be used	d for future annual	report notification)	_
For further in	nformation concerni	ng this matter, please call:		-	4 Å.	201
Sco	ott Roberts		480 at (307-9801 _)	7-1	2018 37.1
	Name	of Contact Person	Area Code	Daytime Tel	ephone Number	6-2 1
Div Reg P.O	ILING ADDRESS ision of Corporation distration Section Box 6327 lahassee, FL 32314			STREET ADDR Division of Corpo Registration Secti Clifton Building 2661 Executive C Tallahassee, FL 3	orations	D 2: 13
	a check for the follow 125.00 Filing Fee	ving amount: S130.00 Filing Fee & Certificate of Status	S155,00 Filin	_	0.00 Filing Fee, tus & Certified C	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Delaware 3. 45-2300670	licable)
(Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 14301 N. 87th Street Suite 203 (Street Address of Principal Office) Scottsdale, AZ 85260 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: CT Cosporation System Office Address: 1200 South Pine Island Rd.	licable)
(Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine pensity liability) 14301 N. 87th Street Suite 203 (Street Address of Principal Office) Scottsdale, AZ 85260 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: CT Cosporation System Office Address: 1200 South Pine Island Rd.	
(See sections 803,0904 & 603 0903, F.S. to determine pensity liability) 14301 N. 87th Street Suite 203 (Sireet Address of Principal Office) Scottsdale, AZ 85260 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: CT Cospocation System Office Address: 1200 South Pine Island Rd.	
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Name: CT Corporation System Office Address: 1200 South Pine Island Rd.	
Name: CT Cosporation System Office Address: 1200 South Pine Island Rd.	
Name: CT Corporation System Office Address: 1200 South Pine Island Rd.	
Office Address: 1200 South Pine Island Rd.	
Office Address: 1200 South Pine Island Rd.	
Plantation, Florida 33324 (City) (Zip could)	
(Cim , Florida)	
///////// / VILE President o	capacity. I further ag and I am familiar with
- Assistant Secretary	capacity. I further ag and I am familiar with
Vice President & Assistant Secretary	capacity. I further ag and I am familiar with
The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	company at the place capacity. I further ag and I am familiar with ecretary
	capacity. I further ag and I am familiar with
The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	capacity. I further ag and I am familiar will ecretary
The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address Pat Anderson 14301 N. 87th Street Ste 203	ecretary
The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address Pat Anderson 14301 N. 87th Street Sie 203 Scottsdale, AZ 85260	capacity. I further ag and I am familiar will ecretary
The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address Pat Anderson 14301 N. 87th Street Ste 203	ecretary
The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address Pat Anderson 14301 N. 87th Street Ste 203 Scottsdale, AZ 85260	capacity. I further ag and I am familiar with ecretary
The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address Title or Capacity: Name and Address 14301 N. 87th Street Ste 203 Scottsdale, AZ 85260	capacity. I further ag and I am familiar will ecretary

Typed or printed name of signee



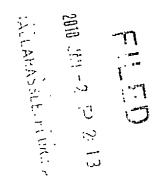
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PETSENSE, 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 FOURTEENTH DAY OF NOVEMBER, A.D. 2017.





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SR# 20177060056

Authentication: 203569197

Date: 11-14-17