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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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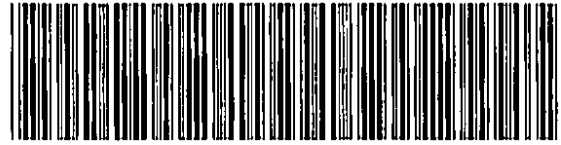
(Business Entity Name)

(Document Number)

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10-12-12



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 23, 2018

SARAH BEYERSDORFF  
41180 VINCENTI COURT  
NOVI, MI 48375 US

SUBJECT: SNUGGLE PET PRODUCTS, LLC DBA SMART PET LOVE  
Ref. Number: W18000049185

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

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return the corrected original and one copy of 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.

Janeice L Smith  
Regulatory Specialist II  
Registration Section

Letter Number: 218A00010769

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Snuggle Pet Products, LLC DBA Smart Pet Love

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Sarah Beyersdorff

\_\_\_\_\_  
Name of Person

Snuggle Pet Products, LLC DBA Smart Pet Love

\_\_\_\_\_  
Firm/Company

41180 Vincenti Court

\_\_\_\_\_  
Address

Novi, MI 48375

\_\_\_\_\_  
City/State and Zip Code

sarah.beyersdorff@smartpetlove.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah Beyersdorff

313

580-3362

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

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:

1. Snuggle Pet Products, 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Michigan 3. 47-1512112  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)


5. 41180 Vincenti Court 6. SAME  
(Street Address of Principal Office) (Mailing Address)  
Novi, MI 48375

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Rob Emery  
Office Address: 796 Marbury Lane  
Longboat Key, Florida 34228  
(City) (Zip code)

Registered agent's acceptance:

*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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

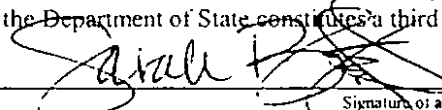
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
Owner	<u>Rob Emery</u> <u>796 Marbury Lane</u> <u>Longboat Key, FL 34228</u>	CFO	<u>Chris Beyersdorff</u> <u>41180 Vincenti Court</u> <u>Novi, MI 48306</u>
Controller	<u>Sarah Beyersdorff</u> <u>41180 Vincenti Court</u> <u>Novi, MI 48375</u>		

(Use attachments if necessary)

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203-(1)(b), Florida Statutes. 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.

  
Signature of an authorized person

Sarah Beyersdorff  
Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
18 JUN 11 PM 1:22

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS**  
**FILING ENDORSEMENT**

***This is to Certify that the*** 2018 MI / FOREIGN LLC ANNUAL STATEMENT (YEARS: 1993-PRESENT)

***for***

SNUGGLE PET PRODUCTS LLC

***ID Number:*** 801902913

***received by electronic transmission on*** April 13, 2018 ***, is hereby endorsed.***

***Filed on*** April 13, 2018 ***, by the Administrator.***

***The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.***



***In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 13th day of April, 2018.***

***Julia Dale, Director***

***Corporations, Securities & Commercial Licensing Bureau***