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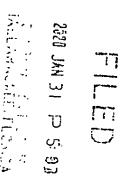
(Requestor's Name)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO:

Registration Section

My Pet Cab, LLC			
obster.	f Limite	d Liability (Company
he enclosed "Application by Foreign Limited Liability Conxistence, and check are submitted to register the above refe			
ease return all correspondence concerning this matter to th	ne follow	ing:	
Ruth E. Reickard			
	Name of	Person	
Varnum LLP			
	Firm/Co	mpany	
P.O. Box 352			
	Addr	ess	
Grand Rapids, MI	495	01-0	352
City/	State and	d Zip Code	
rereickard@varnum	ılaw	.com	
E-mail address: (to be use	ed for fu	ture annual	report notification)
or further information concerning this matter, please call:			
Ruth E. Reickard	at (_	616	336-6802
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: Please make check payable to: FLORIDA DEPAR S125.00 Filing Fee Certificate of St	& C	S155.00	Filing Fee & S160.00 Filing Fee, Certificate of Copy 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:

, My Pet Cab, Ll						
(Name of Foreign	Limited Liability Company; must include "L	imited Liability Company," "L.L.C.	.," or "LLC.")			
[If name unavailable, enter alternate n	ame adopted for the purpose of transacting business	in Florida. The alternate name must inclu-	de "Limited Liability Company," "L.L.C.," or "LLC.")			
Michigan		82-421	9972			
(Jurisdiction under the law of which foreign limited liability company is organized)			3. (FEI number, if applicable)			
4	(Date first transacted business in Florida, if pr	rior to resistration)				
	(See sections 605,0904 & 605,0905, F.S. to d					
3106 Del Prado Blvd. S, Suite 303		₂ 3106 Del P	3106 Del Prado Blvd. S, Suite 303			
O(Street Address of P	rincipal Office)	6	(Mailing Address)			
Cape Cora	ıl, FL 33904	Cape C	oral, FL 33904			
7. Name and street addres	s of Florida registered agent: (P.O.	Box NOT acceptable)	2020 JA			
Name:	Brett Furlong		JAN 31			
Office Address:	3106 Del Prado Blvd.	S, Suite 303	D S			
	Cape Coral	د ام	33904 ²³			
	(City)	, Florida _	(Zip code)			

Registered agent's acceptance:

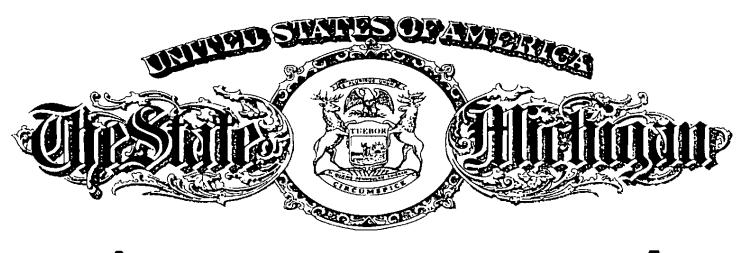
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.

Brett Furlong

(Registered agent's signature)

Title or Capacity: Manager	Name and Address: Name: Brett Burlong	Title or Capacity: Manager	Name and Address: Name: Donald Uyeno
Member	Address:3106 Del Prado Blvd., Ste 303	Member	3106 Del Prado Blvd., Ste 303
Authorized	Cape Coral, FL 33904	☐ Authorized	Cape Coral, FL 33904
Person		Person	
Other	Other	Other	Other
■Manager	Name: Gerald Leary	Manager	Name: Tom Hiller
Member	Address: 3106 Del Prado Blvd., Ste 303	☐ Member	Address: 3106 Del Prado Blvd., Ste 303
Authorized	Cape Coral, FL 33904	Authorized	Cape Coral, FL 33904
Person		Person	
Other	Other	Other	Other
Manager	Name:	☐ Manager	Name:
Member	Address:	☐ Member	Address:
Authorized		Authorized	
Person		Person	
Other	Other	Other	Other
9. Attached is a certifurisdiction under the of the translator mus10. This document is	s executed in accordance with section 605.0203 nent to the Department of State constitutes a thir	rida Department of State uly authenticated by the cis in a foreign language. (1) (b), Florida Statutes.	Annual Report form. official having custody of records in the a translation of the certificate under oath

Typed or printed name of signee



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That MY PET CAB, LLC

was validly authorized on November 12 . 2019, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY. and 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 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.

COPPARTITION A COMMERCIAL LICENSES

Sent by electronic transmission

Linda Clegg, Interim Director

Corporations, Securities & Commercial Licensing Bureau

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 27th day of January, 2020.

Certificate Number: 20018315610