M1500002703

(Re	equestor's Name)				
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(Ci	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	usiness Entity Nai	me)			
(Document Number)					
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RELEGION 8:0:

-2110

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 654345 4310149

AUTHORIZATION :

COST LIMIT : \$(60.00

ORDER DATE: February 10, 2021

ORDER TIME : 1:47 PM

ORDER NO. : 654345-195

CUSTOMER NO: 4310149

ARTICLES OF MERGER

TEIGLAN, FRANKLIN & BROKKEN, D.V.M.'S., INC.

INTO

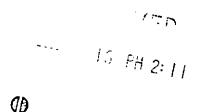
PETVET CARE CENTERS (FLORIDA), LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS:



February 12, 2021

CSC

RESUBMIT

Please give original submission date as file date.

Letter Number: 221A00003171

SUBJECT: PETVET CARE CENTERS (FLORIDA), LLC

Ref. Number: M15000002703

We have received your document for PETVET CARE CENTERS (FLORIDA), LLC and the authorization to debit your account in the amount of \$60.00. However, the document has not been filed and is being returned for the following:

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Yasemin Y Sulker Regulatory Specialist III

www.sunbiz.org

COVER LETTER

TO: Amendment Section

Division of Corporations

SUBJECT: PetVet Care Centers (Florida), LLC

Name of Surviving Party

The enclosed Certificate of Merger and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Joyce Francis

Contact Person

PetVet Care Centers

Firm/Company

One Gorham Island, Suite 300

Address

Westport, Connecticut 06880

City. State and Zip Code

jfrancis@petvetcarecenters.com

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

For further information concerning this matter, please call:

Joyce Francis

___203 \4

491-3133

Name of Contact Person

- Area Code

Daytime Telephone Number

☐ Certified copy (optional) \$30.00

STREET ADDRESS:

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

MAILING ADDRESS:

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

CR2E080 (2/20)

Articles of Merger For Florida Limited Liability Company

The following Articles of Merger is submitted to merge the following Florida Limited Liability Company(ies) in accordance with s. 605.1025, Florida Statutes.

FIRST: The exact name, form/entity type, and jurisdiction for each merging party are as follows:

Name Teigland, Franklin & Brokken D.V.M.'s, Inc.	<u>Jurisdiction</u>	Form/Entity Type Corp.
regiand, Frankins & Brokken D. V.W. 5, MC.	<u> </u>	<u> </u>
SECOND: The exact name, form/entity typ	e, and jurisdiction of the	surviving party are as follows:
Name	Jurisdiction	Form/Entity Type
PetVet Care Centers (Florida), LLC	DE	LLC

THIRD: The merger was approved by each domestic merging entity that is a limited liability company in accordance with ss.605.1021-605.1026; by each other merging entity in accordance with the laws of its jurisdiction; and by each member of such limited liability company who as a result of the merger will have interest holder liability under s.605.1023(1)(b).

MATERIA M 8: 02

<u>FOUI</u>	RTH: Please check one of the	boxes that a	pply to surviving e	ntity: (if applicable)					
Ø	This entity exists before the merger and is a domestic filing entity, the amendment, if any to its public organic record are attached.								
	This entity is created by the merger and is a domestic filing entity, the public organic record is attached.								
	This entity is created by the merger and is a domestic limited liability limited partnership or a domestic limited liability partnership, its statement of qualification is attached.								
	This entity is a foreign entity mailing address to which the Florida Statutes is:			•					
						-			
ss.605 <u>SIXT</u>	H: This entity agrees to pay any .1006 and 605.1061-605.1072. H: If other than the date of filing fier the date this document is fi	F.S. ng, the delay	red effective date o	f the merger, which cannot					
						_			
	If the date inserted in this bloc document's effective date on the				s. this date will no	t be listed			
<u>SEVE</u>	NTH: Signature(s) for Each P	arty:							
Name of Entity/Organization: Signature(Teigland, Franklin & Brokken D.V.M.'s, Inc.			Signature(s):	G	Typed or Printed Name of Individual: Gino Volpacchio				
PetV	et Care Centers (Florid	da), LLC	3.02	G	Sino Volpad	cchio			
Согро	rations:			President or Officer	-				
Genera	al partnerships:	•	•	nature of incorporator.) er or authorized person					
Florida	da Limited Partnerships: Signatures of all general partners								
	lorida Limited Partnerships: d Liability Companies:		e of a general partn e of an authorized p						
ees:	For each Limited Liability Co	mpany:	\$25.00	For each Corporation:		\$35.00			
	For each Limited Partnership:		\$52.50	For each General Parti		\$25.00			
	For each Other Business Entit	iy:	\$25.00	Certified Copy (option		\$30.00			