

A190000000158

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3. PRATHI

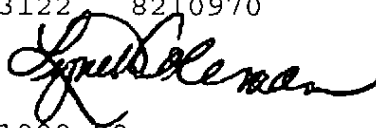
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CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 723122 8210970

AUTHORIZATION :



COST LIMIT : \$ 1000.00

ORDER DATE : April 11, 2019

ORDER TIME : 12:30 PM

ORDER NO. : 723122-010

CUSTOMER NO: 8210970

DOMESTIC FILING

NAME: NVA AVS EQUINE VETERINARY
MANAGEMENT, LP

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
XX _____ CERTIFICATE OF LIMITED PARTNERSHIP
____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT.

EXAMINER'S INITIALS: _____

**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. NVA AVS Equine Veterinary Management, LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

2. 9085 Magnolia Drive, Tallahassee Florida, 32309

(Street address of initial designated office)

3. Corporation Service Company

(Name of Registered Agent for Service of Process)

4. 1201 Hays Street, Tallahassee, Florida 32301

(Florida street address for Registered Agent)

5. *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.*


Signature of Registered Agent

Roxanne Turner
Asst. Vice President

6. 29229 Canwood Street, Suite 100, Agoura Hills, California 91301

(Mailing address of initial designated office)

7. If limited partnership elects to be a limited liability limited partnership, check box ☐.

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TALLAHASSEE, FL

8. Name and business address of each general partner:

Name:

NVA AVS Equine GP, Inc. 019-30775

Business Address:

29229 Canwood Street, Suite 100

Agoura Hills, California 91301

9. Effective date, if other than the date of filing:

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

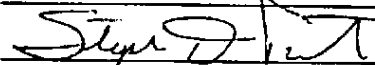
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signed this _____ day of April, 2019

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are 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.

NVA AVS Equine GP, Inc.

By Stephen D. Fisch, its President



Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

\$52.50

\$8.75

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FLORIDA
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