

S. PRATHER

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

ACCOUNT NO. : I20000000195

REFERENCE : 700919 8210970

AUTHORIZATION :

[Handwritten Signature]

COST LIMIT : \$ 1000.00

ORDER DATE : March 27, 2019

ORDER TIME : 2:26 PM

ORDER NO. : 700919-010

CUSTOMER NO: 8210970

FOREIGN FILINGS

NAME: NVA FAIRFIELD EQUINE
VETERINARY MANAGEMENT,
LIMITED PARTNERSHIP

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA**

1. NVA Fairfield Equine Veterinary Management, Limited Partnership

(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 L.LLP.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Connecticut

State or Country of Formation

3. September 25, 2018

Date of Formation

4. Federal Employer Identification Number: 83-2233054

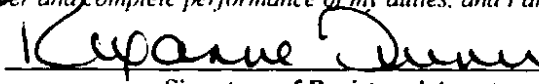
5. Name of Registered Agent for Service of Process and Florida Street Address:

Corporation Service Company

1201 Hays Street

Tallahassee, Florida 32301

6. 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

7. Principal Office:

32 Barnabas Road

Newtown, Connecticut 06470

8. Mailing Address:

29229 Canwood Street, Suite 100

Agoura Hills, California 91301

9. If limited partnership is a limited liability limited partnership, check box. ☐

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: NVA Fairfield Equine GP, Inc.

Name of General Partner: _____

Street Address: 32 Barnabas Road

Street Address: _____

Newtown, Connecticut 06470

Mailing Address: 29229 Canwood Street, Suite 100

Mailing Address: _____

Agoura Hills, California 91301

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

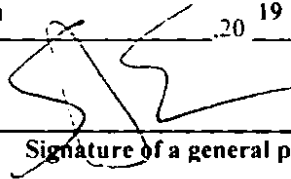
11. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this 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.

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 19th day of March, 2019



Signature of a general partner

By Eric A. Smith, General Counsel
and Assistant Secretary

The individual signing this document affirms that the facts stated herein are true and the individual is aware that 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.

Filing Fees:	\$1,000.00 (S965 Filing Fee and S35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

FILED
2019 APR -3 AM 10:34
TALLAHASSEE, FL

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,
DO HEREBY CERTIFY, that

NVA FAIRFIELD EQUINE VETERINARY MANAGEMENT, LIMITED PARTNERSHIP

a limited partnership formed under the Connecticut General Statutes was filed in this office
on September 25, 2018.

A certificate of cancellation has not been filed, and so far as indicated by the records of this office such
limited partnership is in existence.



Secretary of the State

Date Issued: March 28, 2019