F100000007164

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
OK feir Jennifer to correct Corporune.			
CORPINUTE.			

Office Use Only



600181563196

800181563196 08/02/10--01028--011 **78.75

10 JUN 17 AH II: 47

W1-26759

COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: ('ampanion Anima) Name of Corporat	Paracite Countrion - must include suffix	مَنْ وَ
Dear Sir or Madam:		
The enclosed "Application by Foreign Not for Prof "Certificate of Existence", or "Certificate of Good S not for profit corporation to conduct its affairs in F	Standing" and check are subr	
Please return all correspondence concerning this ma	atter to the following:	
lennite	Name of Person	
Companion	Animal Paracit	e Council
1525 Le	count St.	
	Address	
<u>Kanoas Cit</u>	it()State and Zip Code	
E-mailaddress: (to be used for t	Hinkfank. Com future annual report notifical	tion)
For further information concerning this matter, plea	ase call:	
Jernifer Kincaid at s	(<u>816</u>) <u>474 - 3</u> Area Code & Daytime Te	166 X 24 lephone Number
MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	New Filing Se Division of Co Clifton Buildi	orporations ng /e Center Circle
Enclosed is a check for the following amount:		
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 3, 2010

JENNIFER KINCAID 1525 LOCUST ST KANSAS CITY, MO 64108

SUBJECT: COMPANION ANIMAL PARASITE COUNCIL, CO.

Ref. Number: W10000026759

We have received your document for COMPANION ANIMAL PARASITE COUNCIL, CO. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6931.

Becky McKnight Regulatory Specialist II New Filing Section

Letter Number: 110A00013856

Division of Communations D.O. DOV COOT Well-based Florida 20014

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so containe in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)	d
2. Wilmwrotm DF / USA (State or country under the law of which it is incorporated) 4. OCT. 25 2004 (Date of Incorporation) 5. Perochael (Duration: Year corp. will cease to exist or "perpetual")	
6. One Orification (Date this conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability. 7. 1210 Vance Court Bol Air MD 21014 (Principal office address)	ty.)
8. Public Event: 9a-10 at Canine Beach, F1, Landerdale FL (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Groce Winder - Wilson Office Address: 421 NF 15th Aug.)	ALL AS TASK
Florida 3330 Englished agent's acceptance:	
Having been named as registered agent and to accept service of process for the above stated corporation at the pl designated in this application, I hereby accept the appointment as registered agent and agree to act in this capact further agree to comply with the provisions of all statutes relative to the proper and complete performance of my and I am familiar with and accept the obligations of my position as registered agent.	lty. I

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

12. Names and addresses of officers and/or directors: A. DIRECTORS Chairman: Michael Paul Address: 1210 Vance Ct. By Air, MD 21014 Vice Chairman: Duight Bowman Address: 1210 Vance Ct-Bel Air, MD 21014 Mike Thomas Director: Address: 1210 Vance Ct. Bel Air, MD ZIDIY Director:____ Address: **B. OFFICERS** President: Jay Stewart Address: 1210 Chaco Ct. Bel Air, MD 21014 Vice President: Address: Secretary: Address: Treasurer: Address: ______ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) TENNIFER KINCALD - ACCOUNT Memory

(Typed or printed name and capacity of person signing application)

Delaware

PACE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "COMPANION ANIMAL PARASITE COUNCIL,

INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE

NINTH DAY OF JUNE, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS A NON-PROFIT AND NON-STOCK CORPORATION.

10 IN 17 AN II: 47

3872146 8300C

100644008

AUTHENTY CATION: 8045132

DATE: 06-09-10

You may verify this certificate online at corp. delaware.gov/authver.shtml