Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195 : (850)521-1000 Phone : (850)558-1515 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:								
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FOREIGN PROFIT/NONPROFIT CORPORATION ALLYDVM, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

T. Burch NOV 2 8 2011

COVER LETTER

TO: New Filing Section Division of Corporations					
SUBJECT: allyDVM, Inc.					
Name of corporation - must include suffix					
Dear Sir or Madam:					
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.					
Please return all correspondence concerning this matter to the following:					
Christopher Matteodo					
Name of Person					
Gennari Aronson, LLP					
Firm/Company					
First Needham Place, 250 First Avenue, Suite 100					
Address					
Needham, MA 02494					
City/State and Zip code					
cmatteodo@galawpartners.com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Lawrence Gennari at (781)719-9900					
Name of Person Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314					
Enclosed is a check for the following amount:					
\$70.00 Filing Fee \$78.75 Filing Fee & Certified Copy \$78.75 Filing Fee, Certified Copy Certified Copy					

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

allyDVM, inc.		\$1.2 M
	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	ED," "COMPANY," "CORPORATION."
(If name unevails	able in Florida, enter alternate corporate na	me adopted for the purpose of transacting business in Florida)
Dolowero	•	•
(State or country	under the law of which it is incorporated)	3
11/1/11		
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
		is in Florida, If prior to registration) 7.1502, F.S., to determine penalty liability)
One Weste	ern Ave., #304, Boston, MA	
	(Principal office	
D.O. Poy 3	` ·	·
	(XVIKK CAMBRIDDE SIA ()	2738-71K3
P.O. Bux 3	382163, Cambridge, MA 02	
P.O. Bux 3	(Current mailing:	
	(Current mailing	nddress)
	(Current mailing	
(Purpose(s	(Current mailing	nddress) r country to be carried out in state of Florida)
(Purpose(s	(Current mailing and of corporation authorized in home state of	nddress) r country to be carried out in state of Florida)
(Purpose(s Name and <u>stres</u> Name:	(Current mailing and corporation authorized in home state of et address of Florida registered agent: (Jason Wernli	r country to be carried out in state of Florida) P.O. Box NOT acceptable)
(Purpose(s Name and <u>stres</u> Name:	(Current mailing and corporation authorized in home state of address of Florida registered agent: (Jason Wernli 1161 Heron Bay Blvd. #4324	r country to be carried out in state of Florida) P.O. Box <u>NOT</u> acceptable)
(Purpose(s	(Current mailing and corporation authorized in home state of address of Florida registered agent: (Jason Wernli 1161 Heron Bay Blvd. #4324	r country to be carried out in state of Florida) P.O. Box NOT acceptable)
(Purpose(s)). Name and street Name: Office Address: 0. Registered applicating been name	(Current mailing : a) of corporation authorized in home state of et address of Florida registered agent: (Jason Wernli 1161 Heron Bay Blvd. #4324 Coral Springs (City) gent's acceptance: and as registered agent and to accept seed agent and to accept seed agent and to accept seed agent agen	r country to be carried out in state of Florida) P.O. Box NOT acceptable) , Florida 33076 (Zip code) Truice of process for the above stated corporation at the place
(Purpose(s Name: Name: Pflice Address: O. Registered approximate the second s	(Current mailing and compared of corporation authorized in home state of et address of Florida registered agent: (Jason Wernli 1161 Heron Bay Blvd. #4324 Coral Springs (City) gent's acceptance: and as registered agent and to accept see application, I hereby accept the appole	r country to be carried out in state of Florida) P.O. Box NOT acceptable) , Florida 33076 (Zip code) rvice of process for the above stated corporation at the place interest as registered agent and agree to act in this capacity.
(Purpose(s Name: Name: Office Address: O. Registered apaying been namesignated in this arther agree to co	(Current mailing and compared of corporation authorized in home state of et address of Florida registered agent: (Jason Wernli 1161 Heron Bay Blvd. #4324 Coral Springs (City) gent's acceptance: and as registered agent and to accept see application, I hereby accept the appole	r country to be carried out in state of Florida) P.O. Box NOT acceptable) , Florida 33076 (Zip code) rvice of process for the above stated corporation at the place interest as registered agent and agree to act in this capacity. The relative to the proper and complete performance of my duty.
(Purpose(s . Name and street . Name: Office Address: O. Registered approximate to current the street of the stre	(Current mailing and composition authorized in home state of address of Florida registered agent: (Jason Wernli 1161 Heron Bay Blvd. #4324 Coral Springs (City) gent's acceptance: and as registered agent and to accept see application, I hereby accept the appollution of all statutes.	r country to be carried out in state of Florida) P.O. Box NOT acceptable) , Florida 33076 (Zip code) rvice of process for the above stated corporation at the place interest as registered agent and agree to act in this capacity. The relative to the proper and complete performance of my duty.
(Purpose(s Name: Name: Office Address: O. Registered apaying been namesignated in this arther agree to co	(Current mailing and composition authorized in home state of address of Florida registered agent: (Jason Wernli 1161 Heron Bay Blvd. #4324 Coral Springs (City) gent's acceptance: and as registered agent and to accept see application, I hereby accept the appollution of all statutes.	recountry to be carried out in state of Florida) P.O. Box NOT acceptable)

the Department of Stage, 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 business addresses of officers and/or directors:				
A. DIRECTORS				
Chairman: Brady Broadbent				
Address: One Western Ave. #304				
Boston, MA 02163				
Vice Chairman:	,7 15 14	產出	2	_
Address:		M. A.	5	
		C. 12 - 10	23	
Director:		erize To	P	[2] [山
Address:			ŧ	_
			24	_
Director:				_
Address:				_
				_
B. OFFICERS				
President: Jason Wernli				_
Address: 1161 Heron Bay Blvd. #4324				_
Coral Springs, FL 33076				_
Vice President:		,		_
Address:				_
				_
Secretary: Jon Mangum				_
Address: 6 Soldiers Field Park #414, Boston, MA 02163				-
Treasurer: Brady Broadbent				_
Address: One Western Ave. #304, Boston, MA 02163				_
NOTE: If necessary you may attach an addendum to the application listing additional officers	s and/or di	irectors.		
Signature of Director or Officer				-
The officer or director signing this document (and who is listed in number 12 above) affirms the are true and that he or she is aware that false information submitted in a document to the Departhird degree felony as provided for in s.817.155, F.S.	at the fact tment of S	is stated h State cons	erein titutes	a
14. Brady Broadbent, Chairman of the Board and Treasurer				

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

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "ALLYDVM, 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 SECOND DAY OF NOVEMBER, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALLYDVM, INC." WAS INCORPORATED ON THE FIRST DAY OF NOVEMBER, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

20 NOV 23 PN 4: 2

5059983 8300

111159907

Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 9131617

DATE: 11-02-11

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