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TO: New Filing Section Division of Corporations

SUBJECT: Lakeland Anmal Haven, IVC.
(Name of Corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

(Name of Person)

Lakeland Animal Hauentine
(Firm/Company)

Po Box 258

(Address)

For further information concerning this matter, please call:

Boxboxa Worth at (978) 584-1415

(Name of Person) (Area Code & Davtime Telephone Number)

MAILING ADDRESS: New Filing Section

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

Enclosed is a check for the following amount:

□ \$70.00 Filing Fee □\$78.75 Filing Fee &

Certificate of Status

□\$78.75 Filing Fee & Certified Copy

\$87.50 Filing Fee, Certificate of Status & Certified Copy

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:

1. A Comporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviation in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)	ations of like ot so contained
2. New Joseph 3. 22-609050 (State or country under the law of which it is incorporated) (FEI number, if applicable)	7
4. HOS (Date of Incorporation) 5. Quantity (Duration: Year corp. will cease to exist or "p	perpetual")
6. (Date first conducted affairs in Florida if prior to registration See sections 617.1501 & 617.1502, F.S. to determine) 7. 29 Pine St. Kennil M. O. 1847	penalty liability.)
Mailing ADD L PO POW 75 X TONE WY 6780	
to create a provide on current mailing address) 50 Hable homes can be found to provide medic 8. astronomy to provide to the most transfer to	al there
(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)	.079.
Name: Partona Martin	12 JUH 2
Office Address: 15/02 Blize Fish 87	9 PH
Hodson, Florida 34667 (City) , Florida (Zip Code)	± ω

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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.

(Registered agent's signature)

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: Address:_ Vice Chairman: Address: Director: Address: Director: Address: **B. OFFICERS** · Meyers APPLATICE went 20ng valler no 780 Treasurer: XCTCON Plastotts main 5t medison NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Vice Chairman, or any officer listed in number 12 of the application) (Typed or printed name and capacity of person signing application)

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY SHORT FORM STANDING

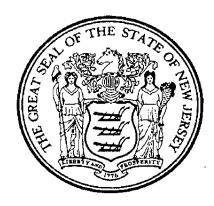
LAKELAND ANIMAL HAVEN A NJ NONPROFIT CORPORATION 0400487146

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Non Profit Corporation was registered by this office on April 18, 2012.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify the registered agent and registered office are:

Barbara L. Martin 29 Pine Street Kenvil, NJ 07847



Certificate Number: 124614985

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 19th day of April, 2012

Andrew P Sidamon-Eristoff
State Treasurer

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