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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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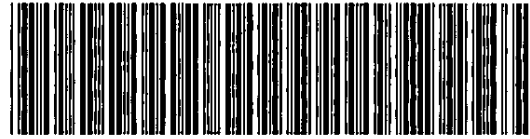
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 AUG 22 PM 4:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/H

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** River Regional Veterinary Centers, 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:

Scott C. Barr

Name of Person

McCarty Law LLP

Firm/Company

2401 East Enterprise Avenue

Address

Appleton WI 54913-7887

City/State and Zip code

adamato@horizondvm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott C. Barr

Name of Person

at ( 920 ) 882-4070

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:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|---|--|---|---|

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

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. **River Regional Veterinary Centers, Inc.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **Wisconsin**

(State or country under the law of which it is incorporated)

3. **47-1327149**

(FEI number, if applicable)

4. **07/11/14**

(Date of incorporation)

5. **Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **4706 New Horizons Boulevard, Appleton WI 54914**

(Principal office address)

**4706 New Horizons Boulevard, Appleton WI 54914**

(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **D. Randall Briley**

Office Address: **2215 S. Third St., Ste 101**

**Jacksonville Beach**

(City)

, Florida **32250**

(Zip code)

9. **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)

10. 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.

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TALLAHASSEE, FLORIDA

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FILED

11: Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: (None)

Address: \_\_\_\_\_

Vice Chairman: (None)

Address: \_\_\_\_\_

Director: Louis G. Licari, D.V.M.

Address: 4706 New Horizons Boulevard

Appleton WI 54914

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Louis G. Licari, D.V.M.

Address: 4706 New Horizons Boulevard

Appleton WI 54914

Vice President: Jan P. Kovacic, D.V.M.

Address: 4706 New Horizons Boulevard

Appleton WI 54914

Secretary: Lisa J. Peters, D.V.M.

Address: 4706 New Horizons Boulevard, Appleton WI 54914

Treasurer: Debbie L. Stafford, D.V.M.

Address: 4706 New Horizons Boulevard, Appleton WI 54914

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. \_\_\_\_\_

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she 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.

13. Louis G. Licari, D.V.M., President

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

APPROVED  
AND  
FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

United States of America

State of Wisconsin

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DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, GEORGE PETAK, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

**RIVER REGIONAL VETERINARY CENTERS, INC.**

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is July 11, 2014.

I further certify that said corporation or limited liability company has not yet completed its initial report year and, accordingly, has not yet filed an annual report under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that said corporation or limited liability company has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on August 15, 2014.

GEORGE PETAK, Administrator  
Division of Corporate and Consumer Services  
Department of Financial Institutions

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

DFI/Corp/33

**To validate the authenticity of this certificate**

Visit this web address: <http://www.wdfi.org/apps/ccs/verify/>

Enter this code: **140371-DFB11D78**