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SECRETARY OF STATE
TAILLANDSSEE THORIDA

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Certified Copy

COVER LETTER TO: Registration Section **Division of Corporations** Dear Sir or Madam: The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" 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: E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount: **√** \$70.00 Filing Fee **□**\$78.75 Filing Fee & **□\$78.75** Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status &

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
I. A meyican Roard of Veterinary Practitioners to (Name of corporation: must include the word "INCORPORATED" or "CORPORATION" ar 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 contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Tehnessee 3. 46-1411468 (State or country under the law of which it is incorporated) (FEI number, if applicable)
(Date of Incorporation) (Date of duration, if other than perpetual) 6.
7. 5003 SW 41A Blvd, Garles ville FL 32608-4930
(Current mailing address, if different)
8. Characteristic formulation (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: Alan Geenha
Office Address: 5003 SW 4157 BIVA Gainesville, Florida 32608-4930 SE 2608-4930
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: Jim Kober	
Address: 60, Vetorans Dirine Suito#7	
Holland, MI 49423	
Vice Chairman: Tireasurer; Richard Wesering	
Address: 3207 Cookeville Highway	
Livingston, TN 38570	
Director: Detorch Adams	
Address: 28892 Crown Valley Forburay	
Laguna Niguel, A 92577	
Director: Vanessa Aterman	
Address: 2723 West Olive	
Burbank, CA 91505	
B. OFFICERS	
Presidenti Executive Director: Marisa Hackemann	
Address: 5003 SW 41 BIVA	
Gamesville, FL 32608	
Vice President:	
Address:	<u> </u>
	[7]
Secretary: Lorraine Jorde	\bigcirc
Address: 604 Lang Road, Fort Walton Deach, FL 3555	
Treasurer: Sli abone - Kidhord Wearing Sit on	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
13. \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
14. Marisa Hackemann Executive Director (Typed or printed name and capacity of person signing application)	



STATE OF TENNESSEE Tre Hargett, Secretary of State

Division of Business Services William R. Snodgrass Tower 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

ABVP FOUNDATION

ATTN: ALAN GEERING

5003 SW 41ST BLVD

GAINESVILLE, FL 32608-4930

Request Type: Certificate of Existence/Authorization

Request #:

0211136

Issuance Date: 08/12/2016

Copies Requested:

August 12, 2016

Document Receipt

Receipt #: 002842247

Filing Fee:

\$20.00

Payment-Check/MO - AMERICAN BOARD OF VETERINARY PRACTITIONERS, GAINESVILLE,

\$20.00

Regarding:

American Board of Veterinary Practitioners Foundation

Filing Type:

Nonprofit Corporation - Domestic

Control #:

702724

Formation/Qualification Date: 12/11/2012

Date Formed:

12/11/2012

Status:

Active

Formation Locale: TENNESSEE

Duration Term:

Perpetual

Inactive Date:

Business County:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

American Board of Veterinary Practitioners Foundation

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judica has not been filed.

Secretary of State

Processed By: Sheila Keeling

Verification #: 018582124