

F/8000002113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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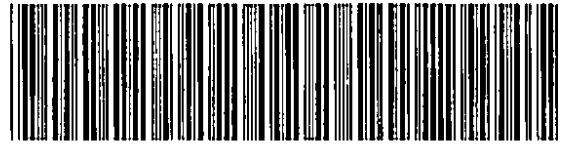
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 MAY - 1 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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MAY - 7 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Critter U. Inc.

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", 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:

Marsha Siha

Name of Person

Incfile.com LLC

Firm/Company

17350 State HWY 249

Suite 220

Address

Houston TX 77064

City/State and Zip Code

efile1234@incfile.com

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

For further information concerning this matter, please call:

Marsha Siha

Name of Person

at (888)
Area Code

462-3453

Daytime Telephone Number

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration 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. Critter U. Inc.
(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 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. Nebraska 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. February 6 2018 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)
6. Upon Registration
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 12736 Calhoun Road
(Principal office address)

Omaha, NE 68152
(Current mailing address, if different)
8. Research, education and service related to wildlife and pet care, nutrition, habitat, and ecosystems
(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: Legalinc Corporate Services Inc.
Office Address: 5237 SUMMERLIN COMMONS SUITE 400
Fort Myers, Florida 33907
(City) (Zip Code)
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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: RON SUVERKRUBBE JR.

Address: 12736 Calhoun Road Omaha, NE 68152

Vice Chairman: _____

Address: _____

Director: Zane Suverkrubbe

Address: 12736 Calhoun Road Omaha, NE 68152

Director: Pam Perry

Address: 12736 Calhoun Road Omaha, NE 68152

B. OFFICERS

President: RON SUVERKRUBBE JR.

Address: 12736 Calhoun Road Omaha, NE 68152

Vice President: Pam Perry

Address: 12736 Calhoun Road Omaha, NE 68152

Secretary: RON SUVERKRUBBE JR.

Address: 12736 Calhoun Road Omaha, NE 68152

Treasurer: Pam Perry

Address: 12736 Calhoun Road Omaha, NE 68152

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

12. Ron Suverkrubbe Jr.
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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. RON SUVERKRUBBE JR. - President

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

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DEPARTMENT OF STATE
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STATE OF NEBRASKA

United States of America, } ss.
State of Nebraska }

Secretary of State
State Capitol
Lincoln, Nebraska

I, John A. Gale, Secretary of State of the
State of Nebraska, do hereby certify that

CRITTER U. INC.

incorporated on February 6, 2018 and is duly incorporated under the law of
Nebraska;

that all fees, taxes, and penalties owed to Nebraska wherein payment is
reflected in the records of the Secretary of State and to which nonpayment
affects the good standing of the corporation have been paid;

that its most recent biennial report required by section 21-19,172 has been
delivered to the Secretary of State;

that Articles of Dissolution have not been filed.

*This certificate is not to be construed as an endorsement,
recommendation, or notice of approval of the entity's financial
condition or business activities and practices.*

In Testimony Whereof,



I have hereunto set my hand and
affixed the Great Seal of the
State of Nebraska on this date of

April 23, 2018

A handwritten signature in black ink, reading "John A. Gale".
Secretary of State

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SECRETARY OF STATE
LINCOLN, NEBRASKA