To:	Page 2 of 9	

Division of Corporations

.

6/7/2018 12:14:08 PM PDT

3239628300 From Meghan Smith Page 1 of 2

	rint this page and use it as a cover sheet. Type the fax audit in below) on the top and bottom of all pages of the document.
	. (((H18000166690 3)))
	H180001656903ABC4
•	age. Doing so will generate another cover sheet.
To:	Division of Corporations
From:	Account Name : LEGALZOOM.COM INC. Account Number : T20010000062 Phone : (323)962-8600 Fax Number : 1323)962-889
er the email annual repor	address for this business entity to be used for future to mailings. Enter only one email address pleased to the second se
Email Addres	

Electronic Filing Menu Corporate Filing Menu

Help

6/1/2018

B

.

-

		COTL	RLETTER		
-	istration Se				
		orporations			
SUBJECT	Veterinary	Cancer Foundation Corporat	ion		
		Name of Corpora	ation – must in	clude suffix	
Dear Sir or l	Madam:				
Affairs in Fl	lorida", "Ce	ion by Foreign Not for Pro rtificate of Existence", or enced not for profit corpor	"Certificate of	Status" and ch	eck are submitted a
Please returi	n all corresp	pondence concerning this r	natter to the fo	llowing:	
	Cheyenr	e Moseley			
		Name	of Person		
	Legalzo	om.com, Inc.			
		Firm	/Company		
	101 N B	rand Blvd 10th Floor			
		A	ddress	··	
	Glendal	c. CA 91203			
		City/State	and Zip Code		<del> </del>
	vetcance	rfoundation@yahoo.com			
	E-n	nail address: (to be used fo	or future annua	l report notific	ation)
For further i	information	concerning this matter, pl	ease call:		
Cheyenne M	loseley		, 323	962-8600	
	Name	of Person a	Area Code	Daytime Te	ephone Number
Reg Div P.O	ILING AL istration Se ision of Co . Box 6327 ahassee, FI	ection rporations		Registration S Division of C Clifton Build	orporations ing ve Center Circle
	a check for	the following amount:			
Enclosed is					

-------

850-617-6381

6/6/2018 10:47:08 AM PAGE 1/001 Fax Server



June 6, 2018

,

LEGALZOOM COM INC

FLORIDA DEPARTMENT OF STATE Division of Corporations

SUBJECT: VETERINARY CANCER FOUNDATION REF: W18000051959

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

The Notice of Dissolution must contain a description of information that should be included in a written claim.

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Suffix must be included on name on line 1.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II FAX Aud. #: H18000166690 Letter Number: 318A00011749

P.O BOX 6327 - Tailahassee, Florida 32314

850-617-6381

6/4/2018 10:14:47 AM PAGE 1/001 Fax Server



June 4, 2018

,

LEGALZOOM.COM INC

FLORIDA DEPARTMENT OF STATE Division of Corporations

SUBJECT: VETERINARY CANCER FOUNDATION REF: W18000051959

.

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II FAX Aud. #: H18000166690 Letter Number: 218A00011472

P.O. BOX 6327 - Tallahassee, Florida 32314

.

APPLICAT	ION BY FORE	IGN NOT FOR PROFIT CONDUCT ITS AFF	F CORPORATION FOR AUTHORIZATION TO AIRS IN FLORIDA
COMPLIAN GISTER A F IE STATE OF	OREIGN NOT FC	ON 617.1503. FLORIDA STA PR PROFIT CORPORATION	ATUTES, THE FOLLOWING IS SUBMITTED TO N FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
Veterinary Name of corpo mport in langua the name at p	Cancer Founda ration: must include age as will clearly in resent. "Company"	tion Corporation the word "INCORPORATED" dicate that it is a corporation in or "Co." may not be used as a c	" or "CORPORATION" or words or abbreviations of like istead of a natural person or partnership if not so contained corporate suffix by a nonprofit corporation.)
(If name unav	ailable in Florida, er	iter alternate corporate name ad	lopted for the purpose of transacting business in Florida)
California		, 90	-10222968
		f which it is incorporated)	(FEI number, if applicable)
7/15/2013	Date of Incorporatio	n) 5 5	(Date of duration, if other than perpetual)
			ctions 617.1501 & 617.1502, F.S. to determine penalty liability.,
		1 51 22034	,
570 Santa Ma	ria Dr. Fernandina I	(Principal offi	cc address)
		· ·	
		(Current masting ad	dress, if different)
		(Current mashing ad	dress, if different)
General chari	table purpose	•	P
General chari (Purpose(s) of	table purpose corporation authori:	•	be carried out in the state of Plorida)
(Purpose(s) of	corporation authorit	red in home state or country to	be carried out in the state of Florida)
(Purpose(s) of	corporation authorit	•	be carried out in the state of Florida)
(Purpose(s) of	corporation authoriz	rida registered agent: (P.O.	be carried out in the state of Plorida) Box <u>NOT</u> acceptable)
Purpose(s) of Name and <u>sti</u> Name:	corporation authoriz reet address of Flo United States Corp	rida registered agent: (P.O. boration Agents, Inc.	be carried out in the state of Plorida) Box <u>NOT</u> acceptable)
Purpose(s) of Name and <u>sti</u> Name:	corporation authoriz reet address of Flo United States Corp	rida registered agent: (P.O. boration Agents, Inc.	Box <u>NOT</u> acceptable)
Purpose(s) of Name and <u>sti</u> Name:	corporation authori: reet address of Flo United States Corp 13302 Winding C	rida registered agent: (P.O. boration Agents, Inc.	be carried out in the state of Plorida) Box <u>NOT</u> acceptable)
(Purpose(s) of Name and sti Name: Strice Address O. Registeren aving been m stignated in the ruber open	corporation authori: <u>cect address of Flo</u> United States Corp <u>13302 Winding C</u> Tampa d agent's accepta <i>amed as registere</i> <i>his application, I</i> <i>comply with the</i>	rida registered agent: (P.O. rida registered agent: (P.O. boration Agents, Inc. bak Court, Suite A (City) nce: d agent and to accept servic hereby accept the appointm provisions of all statutes re	be carried out in the state of Florida) Box <u>NOT</u> acceptable) Florida <sup>33612</sup>
(Purpose(s) of Name and sti Name: Strice Address O. Registeren aving been m signated in the ruber open	corporation authori: <u>cect address of Flo</u> United States Corp <u>13302 Winding C</u> Tampa d agent's accepta <i>amed as registere</i> <i>his application, I</i> <i>comply with the</i>	rida registered agent: (P.O. rida registered agent: (P.O. boration Agents, Inc. bak Court, Suite A (City) nce: d agent and to accept servic hereby accept the appointm provisions of all statutes re	be carried out in the state of Plorida) Box <u>NOT</u> acceptable) , Florida <u>33612</u> (Zip Code) re of process for the above stated corporation at the place tent as registered agent and agree to act in this capacity. I elative to the proper and complete performance of my
(Purpose(s) of Name and sti Name: Stice Address O. Registeren aving been m signated in the other ages to	corporation authori: <u>cect address of Flo</u> United States Corp <u>13302 Winding C</u> Tampa d agent's accepta <i>amed as registere</i> <i>his application, I</i> <i>comply with the</i>	rida registered agent: (P.O. rida registered agent: (P.O. boration Agents, Inc. Dak Court, Suite A (City) tace: d agent and to accept service hereby accept the appointm provisions of all statutes re id accept the obligations of	be carried out in the state of Florida) Box <u>NOT</u> acceptable) , Florida <u>33612</u> (Zip Code) re of process for the above stated corporation at the place ent as registered agent and agree to act in this capacity. I thative to the proper and complete performance of my my position as registered agent. Cheyenne Moseley, Assistant Secretary on
(Purpose(s) of Name and sti Name: Maine: Flice Address O. Registered aving been n signated in the rther agree to thes, and I and thes, and I and the Depart	corporation authori: <u>ceet address of Flo</u> United States Corp <u>13302 Winding C</u> Tampa d agent's accepta amed as registere his application, I o comply with the in familiar with an s a certificate of en-	rida registered agent: (P.O. poration Agents, Inc. bak Court, Suite A (City) nce: d agent and to accept service hereby accept the appointment provisions of all statutes re id accept the obligations of (Registered agent cistence duly authenticated.	be carried out in the state of Florida) Box <u>NOT</u> acceptable) , Florida <u>33612</u> (Zip Code) re of process for the above stated corporation at the place tent as registered agent and agree to act in this capacity. I plative to the proper and complete performance of my my position as registered agent. Cheyenne Moseley, Assistant Secretary on behalf of United States Corporation Agents, Inc.
(Purpose(s) of Name and sti Name: Name: Flice Address O. Registered aving been n signated in the rther agree to thes, and I and thes, and I and the Depart	corporation authori: <u>ceet address of Flo</u> United States Corp <u>13302 Winding C</u> Tampa d agent's accepta amed as registere his application, I o comply with the in familiar with an s a certificate of en-	rida registered agent: (P.O. poration Agents, Inc. boration Agents, Inc. bak Court, Suite A (City) ince: d agent and to accept servic hereby accept the appointm provisions of all statutes re id accept the obligations of (Registered ag vistence duly authenticated, he Secretary of State or othe	be carried out in the state of Florida) Box NOT acceptable) Box NOT acceptable) Florida 33612 (Zip Code) The of process for the above stated corporation at the place (Zip Code) The of process for the above stated corporation at the place (Zip Code) The of process for the above stated corporation at the place (Zip Code) The of process for the above stated corporation at the place (Zip Code) The of process for the above stated corporation at the place (Zip Code) The of process for the above stated corporation at the place (Zip Code) The of process for the above stated corporation at the place (Zip Code) The of process for the above stated corporation at the place (Zip Code) The of process for the above stated corporation at the place (Zip Code) The of process for the above stated corporation at the place (Zip Code) The of process for the above stated corporation at the place (Zip Code) The of process for the above stated corporation at the place (Zip Code) The of process for the above stated corporation at the place (Zip Code) The of process for the above stated corporation at the place (Zip Code) The of the proper and complete performance of my (The proper and complete performance of my (The process for the above states (Corporation Agents, Inc.) (Cheyenne Moseley, Assistant Secretary on (Decession (Cheyenne (Cheyenn
(Purpose(s) of Name and sti Name: Name: Tice Address Tice Address O. Registered aving been n signated in the rither agree to thes, and I and thes, and I and the Depart	corporation authori: <u>ceet address of Flo</u> United States Corp <u>13302 Winding C</u> Tampa d agent's accepta amed as registere his application, I o comply with the in familiar with an s a certificate of en-	rida registered agent: (P.O. poration Agents, Inc. boration Agents, Inc. bak Court, Suite A (City) ince: d agent and to accept servic hereby accept the appointm provisions of all statutes re id accept the obligations of (Registered ag vistence duly authenticated, he Secretary of State or othe	be carried out in the state of Florida) Box NOT acceptable) Box NOT acceptable) Florida 33612 (Zip Code) The of process for the above stated corporation at the place (Zip Code) The of process for the above stated corporation at the place (Zip Code) The of process for the above stated corporation at the place (Zip Code) The of process for the above stated corporation at the place (Zip Code) The of process for the above stated corporation at the place (Zip Code) The of process for the above stated corporation at the place (Zip Code) The of process for the above stated corporation at the place (Zip Code) The of process for the above stated corporation at the place (Zip Code) The of process for the above stated corporation at the place (Zip Code) The of process for the above stated corporation at the place (Zip Code) The of process for the above stated corporation at the place (Zip Code) The of process for the above stated corporation at the place (Zip Code) The of process for the above stated corporation at the place (Zip Code) The of process for the above stated corporation at the place (Zip Code) The of the proper and complete performance of my (The proper and complete performance of my (The process for the above states (Corporation Agents, Inc.) (Cheyenne Moseley, Assistant Secretary on (Decession (Cheyenne (Cheyenn
(Purpose(s) of Name and sti Name: Name: Tice Address Tice Address O. Registered aving been n signated in the rifter agree to thes, and I and thes, and I and the Depart	corporation authori: <u>ceet address of Flo</u> United States Corp <u>13302 Winding C</u> Tampa d agent's accepta amed as registere his application, I o comply with the in familiar with an s a certificate of en-	rida registered agent: (P.O. poration Agents, Inc. boration Agents, Inc. bak Court, Suite A (City) ince: d agent and to accept servic hereby accept the appointm provisions of all statutes re id accept the obligations of (Registered ag vistence duly authenticated, he Secretary of State or othe	be carried out in the state of Florida) Box NOT acceptable) Box NOT acceptable) Florida 33612 (Zip Code) The of process for the above stated corporation at the place (Zip Code) The of process for the above stated corporation at the place (Zip Code) The of process for the above stated corporation at the place (Zip Code) The of process for the above stated corporation at the place (Zip Code) The of process for the above stated corporation at the place (Zip Code) The of process for the above stated corporation at the place (Zip Code) The of process for the above stated corporation at the place (Zip Code) The of process for the above stated corporation at the place (Zip Code) The of process for the above stated corporation at the place (Zip Code) The of process for the above stated corporation at the place (Zip Code) The of process for the above stated corporation at the place (Zip Code) The of process for the above stated corporation at the place (Zip Code) The of process for the above stated corporation at the place (Zip Code) The of process for the above stated corporation at the place (Zip Code) The of the proper and complete performance of my (The proper and complete performance of my (The process for the above states (Corporation Agents, Inc.) (Cheyenne Moseley, Assistant Secretary on (Decession (Cheyenne (Cheyenn

	6/7/2018 12:14:08 PM PDT	3239628300 From Megh
12. Names and addresses of offic	ers and/or directors	
A. DIRECTORS		
Carreen Segal		
Chairman: 570 Santa Maria Dr Address:		
Fernandina Beach, FL 33		
Address:		
		· · · · · · · · · · · · · · · · · · ·
Howard Segal		
570 Santa Maria Dr	· · · · · · · · · · · · · · · · · · ·	
Fernandina Beach, FL 3		
Jillian Hiser		
4647 Josie Ave		-
Lakewood, CA, 90713		·
B. OFFICERS		July States
570 Santa Marla Dr Address:		
Fernandina Beach, FL 3		
Vice President:		
Address:		<u>e</u>
Howard Segal		
Secretary:	nandina Beach, FL 32034	
Address:Howard Segal		
Treasurer:	nandina Beach, FL 32034	
Address:		
13(Signature of Chairma Carreen Segal, President	tach an addendum to the application listing addition $\frac{1}{10000000000000000000000000000000000$	
14(Typed	or printed name and capacity of person signing ar	oplication)

To: Page 7 of 9

6/7/2018 12:14:08 PM PDT 3239628300 From: Meghan Smith

## State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

VETERINARY CANCER FOUNDATION

C3587913

. . .

FILE NUMBER: FORMATION DATE: TYPE: JURISDICTION: STATUS:

07/15/2013 DOMESTIC NONPROFIT CORPORATION CALIFORNIA ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



\_\_\_\_\_

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 23, 2018.

ALEX PADILLA Secretary of State

NP-25 (REV 03/2018)

MAR