F18000003645

(Req	uestor's Name)					
(Address)						
W	ress)	6039				
PICK-UP		MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates	s of Status				
Special Instructions to Filing Officer:						

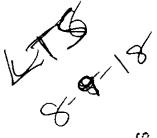
Office Use Only



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2018 AUG -3 AM II: 12 SECREDARY OF STATE

COVER LETTER

TO:	O: Registration Section Division of Corporations					
SUBJ	D.V.M. SU	IPPLY				
эорэ		Name of co	orporation -	nust include suffix		
Dear S	Sir or Madam:					
"Certif	ficate of Existence		Good Standi	ng" and check are sub	ct Business in Florida," emitted to register the	
	return all correspo IANIE FERGUSON	ondence concerning t	his matter to	the following:		
			Name of Pe	rson		
D.V.M	I. SUPPLY					
			Firm/Compa	ny		
2000 V	V. 135TH STREET					
GARD	DENA, CA 90249		Address			
LICEN	NSING@DVMED.C		ty/State and	Zip code		
		E-mail address: (to	be used for	future annual report i	notification)	
For fu	rther information o	oncerning this matte	r, please cal	l:		
LENK	A UDE	DE 800 438-2568 at ()				
	Name of Person		Area Code	Daytime Telep	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclos	sed is a check for t	he following amount	:			
\$70	0.00 Filing Fee	S78.75 Filing Fe Certificate of St		578.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy	



July 19, 2018

STEPHANIE FERGUSON D.V.M. SUPPLY 2000 W. 135TH STREET GARDENA, CA 90249

SUBJECT: D.V.M. SUPPLY Ref. Number: W18000066039

We have received your document for D.V.M. SUPPLY and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$1400.00.

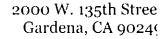
Since the name "D.V.M. SUPPLY" is available in the State of Florida, you cannot have an alternate on the 2nd line. You must however, add a corporate suffix to your name on line 1.

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.

Nanette Causseaux Regulatory Specialist II Supervisor

Letter Number: 518A00014820





TEL 310.725.593 800.438.2568 FAX 310.220.291

www.dvmed.con

August 1, 2018

Florida Department of State Registration Section Division of Corporations P.O. BOX 6327 Tallahassee, FL 32314

RE: Corrections and penalty

To Whom it May Concern,

Enclosed is the corrected application and to register D.V.M. Supply as a foreign corporation in the state of Florida. The following documentation is enclosed:

- Corrected application
- Penalty Fees Check 12968 for \$1400 made payable to: Florida Department of State
- Current CA Certificate of Good Standing

Please feel free to contact me at 800-438-2568 should you require additional information. Thank you.

Lenka Ude

Administrative Assistant Licensing@dvmed.com

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.

D. V.M. SUPPL	3,146			
	corporation; must include "INCORPORATED," . Corp." "Inc," "Co," or "Corp.")	'COMPANY,'' "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corporate name ad-	opted for the purpose of transacting	business in Florida)	
CALIFORNIA		95-4343082		
(State or count) 2.17.1984		(FEI number, if applicable)		
4. (Date of incorporation) 5. (Date of duration, if other than perpetual)			an perpetual)	
6. 8/29/20		,	1 1	
64124120	(Date first transacted business in F	Marida (Farian to mariatematica)		
	(SEE SECTIONS 607.1501 & 607.150))	
	STREET, GARDENA, CA 90249	, , ,	,	
7	/Principal	office address)		
2000 W. 135TH	STREET, GARDENA, C 90249	office address)		
		11 '5 1'65 '		
	(Current mailing	address, if different)	2018 AUG	
			5	
8. Name and stre	et address of Florida registered agent: (P.O.	Box NOT acceptable)	一部して	
Name:	InCorp Services. Inc.		Sign > M	
: vainc.	17888 67th Court North	_	SEEF ST	
Office Address:				
	Loxahatchee	33470	LE 12	
		, Florida		
	(City)	(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 plac designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity, 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.

Joanna Fernandez on behalf of InCorp Services, Inc.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdicti under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Vice Chairman: Address: ______ Address: **B. OFFICERS** NEAL HYAMS President: 2000 W. 135TH STREET, GARDENA, CA 90249 Address: _ Vice President: Address: _____ STEPHANIE FERGUSON Secretary: 2000 W. 135TH STREET, GARDENA, CA 90249 Address: NOTE: Enecessary, you may attach an addendum to the application listing additional officers and/or directors. 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. STEPHANIE FERGUSON, CORP. SECRETARY 13. _____

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

D.V.M. SUPPLY

FILE NUMBER:

FORMATION DATE:

TYPE:

JURISDICTION:

STATUS:

C1224344

02/17/1984
DOMESTIC CORPORATION

CALIFORNIA

ACTIVE (GOOD STANDING)

TILED

2011 NUG-3 MILL 12

SECRETARY SEE, FL

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 June 21, 2018.

ALEX PADILLA Secretary of State