

FI9000003637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

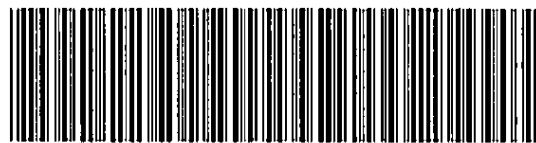
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/16/19--01004--022 **78.75

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JUL 15 2019

FILED
2019 AUG -7 PM 4:28
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B KINSEY
AUG 08 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 23, 2019

ALAN GEERING
5003 SW 41ST BLVD
GAINESVILLE, FL 32608

SUBJECT: ASSOCIATION OF EXOTIC MAMMAL VETERIANARIANS, INC.
Ref. Number: W19000066968

We have received your document for ASSOCIATION OF EXOTIC MAMMAL VETERIANARIANS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Remove 'INC' from line #1. On the alternate name line, place the name exactly how it is on the certificate of existence, along with a corporate suffix,

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.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 319A00014901

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Association of Exotic Mammal Veterinarians
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.

Alan Geering
Name of Person
North American Veterinary Community
Firm/Company
5003 SW 41st Blvd
Address
Gainesville, FL 32608
City/State and Zip code
ageering@navc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alan Geering 352 244-3720
Name of Person at () Area Code Daytime Telephone 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

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 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. Association of Exotic Mammal Veterinarians
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co." or "Corp.")

Association of Exotic Mammal Veterinarians, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
New Hampshire 02-0521524
2. (State or country under the law of which it is incorporated) 3. (FEI number, if applicable)
(06/21/2001)

4. (Date of incorporation) 5. (Date of duration, if other than perpetual)
(01/22/2019)

6. (Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
5003 SW 41st Blvd, Gainesville, FL 32608

7. (Principal office address)

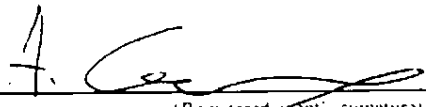
(Current mailing address, if different)

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

Name Alan Geering
5003 SW 41st Blvd
Office Address: Gainesville 32608
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 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

2019 DEC 7 PM 4:28

FILED

Vice Chairman

Address

Director

Mandy Taylor, Executive Director

Address

5003 SW 41st Blvd, Gainesville, FL 32608

Director

Address

B. OFFICERS

President

Nicola Di Girolamo

Address

5003 SW 41st Blvd, Gainesville, FL 32608

Vice President

Marty Chu

Address

5003 SW 41st Blvd, Gainesville, FL 32608

Secretary

Laurel Harris

Address

5003 SW 41st Blvd, Gainesville, FL 32608

Treasurer

Melissa Kling

Address

5003 SW 41st Blvd, Gainesville, FL 32608

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

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Melissa A. Kling, DVM

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.

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Melissa A. Kling, DVM AEMN Treasurer

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

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2019 AUG -7 PM 4:29
TALLAHASSEE FL

State of New Hampshire

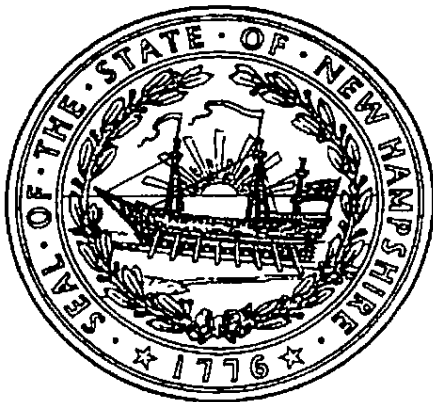
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that ASSOCIATION OF EXOTIC MAMMAL VETERINARIANS is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on June 21, 2001. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 379918

Certificate Number: 0004548629



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 9th day of July A.D. 2019.

A handwritten signature in black ink, appearing to read "Wm Gardner".

William M. Gardner
Secretary of State