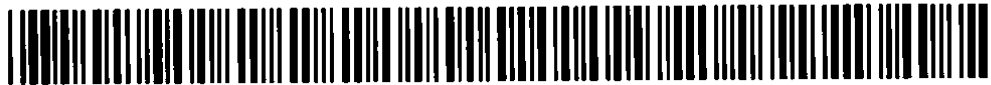


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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622RECEIVED
19 AUG 16 PM 2:33
SECRETARY OF
TALLAHASSEEFILED
19 AUG 16 AM 12:24

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
VETIQ STAFFING, INC.

***PLEASE FILE AFTER
THE WITHDRAWAL OF
VETIQ STAFFING, LLC***

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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THE WITHDRAWAL OF
VETIQ STAFFING, LLC

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALLY

AUG 19 2019

**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. VetIQ Staffing, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

(State or country under the law of which it is incorporated)

3. _____

(FEI number, if applicable)

4. 10/09/2017

(Date of incorporation)

5. _____

(Date of duration, if other than perpetual)

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 10000 N. Central Expy., Suite 925 Dallas, TX 75231

(Principal office address)

(Current mailing address, if different)

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

Name: Capitol Corporate Services, Inc.

Office Address: 615 East Park Avenue 2nd Fl

Tallahassee, Florida 32301

(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.

Kim Tadlock

(Registered agent's signature)

Kim Tadlock, Asst. Secretary on behalf
of Capitol Corporate Services, Inc.

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.

FILED
19 AUG 16 AM 12:24
TALLAHASSEE, FLORIDA
CLERK OF THE CIRCUIT COURT

19 AUG 16 AM 12:24
FBI - TAMPA
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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: George HargraveAddress: 10000 N. Central Expy., Suite 925 Dallas, TX 75231Vice Chairman: Livingston KosbergAddress: 10000 N. Central Expy., Suite 925 Dallas, TX 75231Director: Scott NicholsAddress: 10000 N. Central Expy., Suite 925 Dallas, TX 75231

Director: _____

Address: _____

B. OFFICERS

President: Elise BurnsAddress: 10000 N. Central Expy., Suite 925 Dallas, TX 75231

Vice President: _____

Address: _____

Secretary: Scott NicholsAddress: 10000 N. Central Expy., Suite 925 Dallas, TX 75231Treasurer: Scott NicholsAddress: 10000 N. Central Expy., Suite 925 Dallas, TX 75231

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

12. _____

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 § 817.155, F.S.

13. _____

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

Delaware

The First State

Page 1

I, **JEFFREY W. BULLOCK**, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VETIQ STAFFING, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VETIQ STAFFING, INC." WAS INCORPORATED ON THE NINTH DAY OF OCTOBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

FILED
19 AUG 16 AM 12:24
TALLAHASSEE, FLORIDA



6573665 8300

SR# 20196550963

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203420340

Date: 08-16-19

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