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	(Requestor's Name)	
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	(City/State/Zip/Phon	e #)
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_	(Business Entity Na	me)
<u>,</u>	(Document Number)
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COVER LETTER

Division of Corporations			
SUBJECT: FF Bookkeeping for	r Veterinarians	Inc.	
Name of corporat	ion - must include suffix		
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good Sabove referenced foreign corporation to transact bus	Standing" and check are sub-		
Please return all correspondence concerning this ma	itter to the following:		
EllenMFlowers			
Name	of Person		
FF Roskherome for Velicin	water inc		
EF Bookheeping for Veterin	Company		
9868 Riverview Dr			
Ac	acress		
City/State ef bkkeeping @ qmail. (on E-mail address: (to be us			
City/Stat	te and Zip code		
efbkkeeping @ qmail. com	1		
E-mail address: (to be us	ed for future annual report n	otification)	
For further information concerning this matter, plea			
Ellen Flowers at (20) Name of Person Area (07) 557-616	9	
Name of Person Area C	Code Daytime Teleph	none Number	
STREET/COURIER ADDRESS:	MAILING AI		
Registration Section	-	Registration Section Division of Corporations	
Division of Corporations Clifton Building	P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Fl		
Tallahassee, FL 32301	•		
Enclosed is a check for the following amount:			
\$70.00 Filing Fee \$\Bigcup \\$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.

	kkeeping for Vekenanan rporation; must include "INCORPORATED," "Corp." "Inc," "Co," or "Corp.")	S, TAC. COMPANY," "CORPORATION,"	
Book k (If name unavaila	ceping for Ucternanzas, In ble in Ptorida, enter alternate corporate name adop	eted for the purpose of transacting busin	ess in Florida)
2. Maine	3.	84-3495311	
(State or country	under the law of which it is incorporated)	(FEI number, if applicable	2)
4. <u>09-30</u>	0-2019 5		
(Date	of incorporation)	(Date of duration, if other than pe	rpetual)
6			
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502,	orida, if prior to registration) F.S., to determine penalty liability)	
7. 9868	Riverview Or Micco, (Principal o	FL 32976 ffice address)	
	(Current mailing ac		
	t address of Florida registered agent: (P.O. B	•	
Name:	Ellen Flowers		. ~
Office Address:	Ellen Flowers 9868 Riewiew Dr		
	Maria	72976 Sile	5
	(City)	(Zip code)	80 F
	ed as registered agent and to accept service of application, I hereby accept the appointmen	of process for the above stated corp t as registered agent and agree to a	oration at the place to in this capacity.
	omply with the provisions of all statutes relations and accept the obligations of m		formance of my
	(Registered agen	it'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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Ellen Flowers

Address: 9868 R.verv.ewDr M:co, FL 32976 Vice Chairman: Address: Director: Address: _____ **B. OFFICERS** President: Ellen Flowers Address: 9868 Provide Dr Mx10, FL 32976 Vice President: Address: ___ Address: Treasurer: Address: NOTE: If necessary, 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. 13. Ellen M.Flowers (Typed or printed name and capacity of person signing application)

State of Maine



Department of the Secretary of State

I, the Secretary of State of Maine, certify that according to the provisions of the Constitution and Laws of the State of Maine, the Department of the Secretary of State is the legal custodian of the Great Seal of the State of Maine which is hereunto affixed and of the reports of organization, amendment and dissolution of corporations and annual reports filed by the same.

I further certify that EF BOOKKEEPING FOR VETERINARIANS, INC. is a duly organized business corporation under the laws of the State of Maine and that the date of incorporation is September 30, 2019.

I further certify that on:

September 30, 2019 ARTICLES OF INCORPORATION were filed.

No further amendments have been filed to date.

I further certify that said business corporation has filed annual reports due to this Department, and that no action is now pending by or on behalf of the State of Maine to forfeit the charter and that according to the records in the Department of the Secretary of State, said corporation is a legally existing business corporation in good standing under the laws of the State of Maine at the present time.

Authentication: 6569-687

In testimony whereof, I have caused the Great Seal of the State of Maine to be hereunto affixed. Given under my hand at Augusta, Maine, this twenty-first day of November 2019.

> Matthew Dunlap Secretary of State