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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone Fax Number

: (614)280-3338 : (954)208-0845

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

Mazen Animal Health Inc.

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

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Corporate Filing Menu

Help



APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA ž IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO RIGHSTER A FOREIGN CORPORATION TO TRANSACT BUNINESS IN THE STATE OF FLORIDA. Mazen Animal Health 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) 811466708 (State or country under the law of which it is incorporated) February 16, 2016 (Date of incorporation) NΛ (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607,1501 & 607,1502, F.S., to determine penalty fiability) 4221 Mitchell Ave, St. Joseph, MO 64507 (Principal office address) 2977 Princess Amelia Ct, Fernandina Beach, FL 32034 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Vame: 1200 South Pine Island Road Office Address: Plantation,

9. Registered agent's acceptance:

Having been named us 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.

(City)

Ву:	C T Corporation System	CHUATHUKUK	Christine Kelm Assistant Secretary
	(Registered agent	t'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.

 Names and business addresses of officers and/or directo 	rs:
---	-----

a. diri	John Howard
Chairman	3600 Studio Drive
Address:	Cayucos, CA 93430
Vice Chai	NA rman:
Address	
Director:	Jennifer A Filbey \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Address:	Fernandina Beach, FL 32034
	SSEE, FLE
B. OFF.	Jennifer A Filbey
Address:	2977 Princess Amelia Ct
	Fernandina Beach, FL 32034
Vice Pres	John Howard Vident:
Address:	3600 Studio Drive
Secretary.	Cayucos, CA 93430 Jennifer Filbey
Address:	2977 Princess Amelia Ct Fernandina Beach, FL 32034
Treasurer	Jennifer Filbey
Address	2977 Princess Amelia Ct Fernandina Beach, FL 32034
12	Signature of Director or Officer and affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutes agree felony as provided for in s.817.155, F.S.
13. Jenn	ifer A Filbey Director
	(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 "MAZEN ANIMAL HEALTH 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 SEVENTH DAY OF JANUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS H

BEEN FILED TO DATE.

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

Authentication: 202233819

Date: 01-07-21