F2300000359

(R	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	······································
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nan	ne)
(De	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
<u> </u>		

Office Use Only



500407311305

05/02/29--01004--026 **97.50

2023 JUN -5 PM 5: 17
SECONDAY OF STATE

W23-68535

10001.A



May 11, 2023

MICHAEL A. MCPHERSON 1395 BRICKELL AVENUE, SUITE 800 MIAMI, FL 33131 US

SUBJECT: ENTERA ANIMAL HEALTH & NUTRITION CORPORATION

Ref. Number: W23000068535

We have received your document for ENTERA ANIMAL HEALTH & NUTRITION CORPORATION and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 623A00010757

Ariel Jones Regularoty Specialist II

www.sunbiz.org

COVER LETTER

	stration Section ion of Corporations			
SUBJECT:	Entera Animal Health & Nutrit	ion Corporatio	1 (FL Document # W23000068	535)
SOBILET.	Name of	corporation -	must include suffix	
Dear Sir or M	ladam:			
"Certificate o	"Application by Foreign Corp f Existence," or "Certificate of ced foreign corporation to tran	f Good Stand	ing" and check are submitted	
Please return	all correspondence concerning	g this matter t	o the following:	
Michael A. Mo	cPherson			
		Name of P	erson	
Entera Animal	Health & Nutrition			
·		Firm/Comp	any	
1395 Brickell	Avenue, Suite 800			
	··	Addres	s	
Miami, FL 33	131			
		City/State and	d Zip code	
mike.mcphers	on@enteraanimalhealth.com			
	E-mail address:	(to be used fo	r future annual report notific	ation)
For further in	formation concerning this ma	tter, please ca	II:	
Michael McPh	nerson	t (619-5848	
Nam	e of Person	Area Code		Number
Regis Divis The C 2415	EET/COURIER ADDRESS stration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303	:	MAILING ADDR Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 32	ı itions
	check for the following amounteek payable to: FLORIDA DEI ing Fee	PARTMENT (Fee &		\$87.50 Filing Fee, Certificate of Status & Certified Copy

RECEIVED
JUN 0 5 2023

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.

	Health Corporation		_
	able in Florida, enter alternate corporate name add	opted for the purpose of transacting business in Florida)
Nevada	3	(FEI number, if applicable)	_
(State or country under the law of which it is incorporated)			
June 8, 2020	5.	(Date of duration, if other than perpetual)	_
	of incorporation)	(Date of duration, if other than perpetual)	
Have not yet tra	nsacted business in Florida.		
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration) 2. F.S., to determine penalty liability)	
1395 Brickell Av	enue, Suite 800, Miami, FL 33131		
	(Principal office	street address)	_
	(Current mailing a	address, if different)	-
	(======================================	•	
Name and stree	et address of Florida registered agent: (P.O. I	Box NOT acceptable)	
Name and stree	et address of Florida registered agent: (P.O. I	. ~	
Name and stree	et address of Florida registered agent: (P.O. I Michael A. McPherson	. ~	
Name:		. ~	. !
	Michael A. McPherson 1395 Brickell Avenue, Suite 800	2023 JUN -	1
Name:	Michael A. McPherson 1395 Brickell Avenue, Suite 800	2023 JUN -	
Name: Tice Address:	Michael A. McPherson 1395 Brickell Avenue, Suite 800 Miami (City)		! =
Name: Tice Address: Registered age	Michael A. McPherson 1395 Brickell Avenue, Suite 800 Miami (City) ent's acceptance:	SECOT TALE OF STATE Florida 33131 Zip code) Zincode)	! =
Name: fice Address: Registered againg been name	Michael A. McPherson 1395 Brickell Avenue, Suite 800 Miami (City) ent's acceptance: ed as registered agent and to accept service	Florida 33131 (Zip code) FLORITOR at the of process for the above stated corporation at the	? plac
Name: Tice Address: Registered againing been names signated in this orther agree to contact.	Michael A. McPherson 1395 Brickell Avenue, Suite 800 Miami (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointment	of process for the above stated corporation at the strength of the proper and complete performance of the strength of the proper and complete performance of the strength of the proper and complete performance of the strength of the proper and complete performance of the strength of the	? place

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.

A. DIRECTORS							
Chairman	Name: Michael A McPherson	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
Director	Miami, Florida 33131	□Director					
■ President		□President					
■Vice President		□Vice President					
■ Secretary	Treasurer	□Secretary		□Treasurer			
□Other	Other	□Other		Other			
□Chaiπnan	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□ Director		_			
□President		□President					
□Vice President		□Vice President	·	<u></u>			
□Secretary	□Treasurer	□ Secretary		□Treasurer			
⊡Other	Other	□Other		Other			
□Chairman	Name:	□ Chairman	Name:				
□Vice Chairman	Address:	⊡Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□Vice President		<u> </u>			
□ Secretary	□Treasurer	☐ Secretary		□Treasurer			
□Other	Other	□Other		□Other			
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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 s.817.155, F.S.

13. Michael A. McPherson, President & Registered Agent
(Typed or printed name and capacity of person signing application))

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, Entera Animal Health, as a DOMESTIC CORPORATION (78) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 06/08/2020, and is in good standing in this state.

Certificate Number: B202304253599054

You may verify this certificate online at http://www.nvsos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 04/25/2023.

FRANCISCO V. AGUILAR Secretary of State