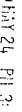
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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Vetavize Inc.	
	tion - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good S above referenced foreign corporation to transact bus	Standing" and check are submitted to register the
Please return all correspondence concerning this ma	tter to the following:
James Beach Drummond - Secretary	
Name	of Person
Vetavize Inc.	
Firm/C	Company
864 Gazell Trail	
Ac	ddress
Winter Springs, FL 32708	
City/Stat	te and Zip code
beach@vetavize.com	
E-mail address: (to be us	ed for future annual report notification)
For further information concerning this matter, plea-	se call:
James Beach Drummond at (800	960-1492
Name of Person Area C	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTME \$ \$70.00 Filing Fee \$ \$78.75 Filing Fee & Certificate of Status	ENT OF STATE S78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certified Copy 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.

(Enter name of cor "Inc" "Co" "Cor	poration; must include "INCORPORATED," p," "Inc." "Co," or "Corp.")	"COMPANY," "CORPORATION.		
men con con	,			
	L. I. Placide appearalternate corporate name ad	lopted for the purpose of transacting business in Flo	orida)	
		99-1408904		
Delaware 3		(FEI number, if applicable)		
(State or country	under the law of which it is incorporated)	(FBI number, it applicable)		
07/21/2021	•	None		
(Date)	of incorporation)	(Date of duration, if other than perpetual)		
05/06/2024	•			
(3)(0)(2)(1)	(Date first transacted business in	Florida, if prior to registration)		
	(SEE SECTIONS 607.1501 & 607.150	2, F.S., to determine penalty liability)		
1200 Educumter F				
1209 Edgewater [Orive, Suite 204, Orlando, Florida 32803			
1209 Edgewater [Orive, Suite 204, Orlando, Florida 32803	e <u>street</u> address)		
1209 Edgewater D	Orive, Suite 204, Orlando, Florida 32803 (Principal offic	e <u>street</u> address)		
1209 Edgewater E	Orive, Suite 204, Orlando, Florida 32803 (Principal offic		20241	
	Orive, Suite 204, Orlando, Florida 32803 (Principal offic (Current mailing	e <u>street</u> address) g address, if different)	2024 1197	
	Orive, Suite 204, Orlando, Florida 32803 (Principal offic (Current mailing	e <u>street</u> address) g address, if different)	2014 HAY 21	
Name and stree	Prive, Suite 204, Orlando, Florida 32803 (Principal offic (Current mailing t address of Florida registered agent: (P.O.)	e <u>street</u> address) g address, if different)	2024 NAY 24	
	Orive, Suite 204, Orlando, Florida 32803 (Principal offic (Current mailing	e <u>street</u> address) g address, if different)		
Name and stree Name:	Prive, Suite 204, Orlando, Florida 32803 (Principal offic (Current mailing t address of Florida registered agent: (P.O.)	e <u>street</u> address) g address, if different)		
Name and stree	(Principal office) (Current mailing) t address of Florida registered agent: (P.O.) Anthony Rivera 1209 Edgewater Drive, Suite 204	e <u>street</u> address) g address, if different) . Box <u>NOT</u> acceptable)	2024 MAY 24 PH 3: 41	
Name and stree Name:	(Principal offic (Current mailing et address of Florida registered agent: (P.O Anthony Rivera	e <u>street</u> address) g address, if different)		

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.

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.

. DIRECTORS	Anthony Rivera	□Chairman □	Carmin Vaccaro
			Address: 1209 Edgewater Drive
]Vice Chairman	Address: 1209 Edgewater Drive		Suite 204
Director	Suite 204	■ Director	Orlando, Florida
∃President	Orlando, Florida	□President	32804
∃Vice President	32804	□Vice President	52004
Secretary	☐Treasurer	□Secretary	☐Treasurer
□Other	Other	□Other	Other
Circle investor	Name:	□Chairman	Name:
□ Chairman	1209 Edgewater Drive	□Vice Chairman	Address:
	Suite 204	□Director	
Director	Orlando, Florida	□President	
□President	32804	□Vice President	
□Vice President		Secretary	□Treasurer
☐ Secretary	□Treasurer	<u> </u>	[]Other
Other	Other		
□Chairman	Name:	Chairman	Name:
□Vice Chairmar	Address:	□Vice Chairman	Address:
Director		☐ Director	
□President		□President	
□Vice President	_	_ □Vice President	
☐ Secretary	☐Treasurer	□ Secretary	□Treasurer
□Other	□ Other	□Other	□Other
Important Notice individuals may	e: Use an attachment to report more than six (6), be added to the index when filing your Florida I	The attachment will be imag Department of State Annual I	ged for reporting purposes only. Non-indexe Report form.

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.



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "VETAVIZE 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 SIXTH DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VETAVIZE INC."

WAS INCORPORATED ON THE TWENTY-FIRST DAY OF JULY, A.D. 2021.

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

THE STATE OF THE S

Authentication: 203410956

Date: 05-06-24