F-99000000331

-	n/Tax Lien Section Corporations			
SUBJECT: Mana	aging Animals Naturall	y, Inc.		
		n - must include suffix)		
Dear Sir or Madam:				
	cation by Foreign Corporation for an ence", and check are submitted to related.	egister the above referen	ced foreign corporation to	
Please return all corre	espondence concerning this matter	to the following: $1 \square$	00028281110 -04/02/9901077008	
		*****78.75 *****78.75		
	(Name of		W99-7993	
	(Firm/Co	mpany)		
26:	31 N.W. 41st Street, S	Suite B		
	(Addı			
Ga	inesville, Florida 326	106		
• • • • • • • • • • • • • • • • • • • •	(City/Sta		SECRE 199 HAY	
Should you need to call someone concerning this matter, please call:				
			3 190 - 190	
Kevin I. Dov) 373-4554	œ H	
(Name of Person) (Area Code & Daytime Telephone Number)				
			yn tu	
STREET ADDRESS	S:	MAILING ADDRESS	s: 4/6	
Qualification/Tax Lie	en Section	Qualification/Tax Lien	Section	
Division of Corporations		Division of Corporations		
409 E. Gaines St. Tallahassee, FL 32399		P.O. Box 6327 Tallahassee, FL 32314		
		Turium and the second	•	
Enclosed is a check f	or the following amount:			
☐ \$70.00 Filing Fee	\$ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	 \$87.50 Filing Fee, Certificate of Status & Certified Copy 	



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 2, 1999

ATTORNEY KEVIN I. DOWNEY 2631 N.W. 41ST STREET, STE B GAINESVILLE, FL 32606

SUBJECT: MANAGING ANIMALS NATURALLY, INC.

Ref. Number: W99000007993

We have received your document for MANAGING ANIMALS NATURALLY, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

You have provided a certificate of incorporation that is not what we require in order to process the application. You would need to obtain a certificate of existence (good standing) from your Secretary of State.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays Document Specialist

Letter Number: 999A00016884

DIVISION - COMPANDING

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.	Managing Animals Naturally, Inc.
	(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2.	New_York 3 58-2433698
	New York (State or country under the law of which it is incorporated) 3
4.	
	December 1, 1998 5. Perpetual (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6.	
	(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7.	P.O. Box 41
	Micanopy, Florida 32667 (Current mailing address)
8.	holistic veterinary medicine
•	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9.	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
	Name: Himani Das, D.V.M.
ПC	ice Address: 210 East Ocala Boulevard
	Micanopy, Florida, 32667 (Zip code)
	(Zip code)
0.	Registered agent's acceptance:
	g
n u om	ving been named as registered agent and to accept service of process for the above stated corporation at the place designated his application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to apply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent.
	(Registered agent's signature)

11. 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.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable) A. DIRECTORS (Street address only - P.O. Box NOT acceptable) Chairman: <u>Himan</u>i Das, D.V.M. Address: 2-10 East Ocala Boulevard _____ Micanopy, Florida 32667 Vice Chairman: Address: __ Director: Address: _ Director: Address: B. OFFICERS (Street address only - P.O. Box NOT acceptable) President: Himani Das, D.V.M. Address: 210 East Ocala Boulevard Micanopy, Florida 32667 Vice President: Address: Secretary: Bruce Ferguson, D.V.M. Address: 210 East Ocala Boulevard Micanopy, Florida 32667 Treasurer: Himani Das, D.V.M. Address: 210 East Ocala Boulevard Micanopy, Florida 32667 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14. <u>Himani Das, D.V.M.</u> (Typed or printed name and capacity of person signing application)

State of New York Department of State

I hereby certify, that the certificate of incorporation of MANAGING ANIMALS NATURALLY, INC. was filed on 12/01/1998, with perpetual duration, and that a diligent examination has been made of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

Witness my hand and the official seal of the Department of State at the City of Albany, this 28th day of April

uty Secretary of State

one thousand nine hundred and NEninety-nine.

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