

M12000000227

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Eventchd W11e-60027

Office Use Only



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08/29/16--01042--012 \*\*25.00

FILED  
2016 SEP 19 PM 2:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

SEP 22 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 30, 2016

PETIQ, LLC  
CARLEE HAINES  
500 E SHORE DR, STE. 120  
EAGLE, ID 83616

SUBJECT: TRUE LINES DISTRIBUTING LLC  
Ref. Number: M12000000227

2016 SEP 19 PM 4:29  
TALLAHASSEE, FL 32314

We have received your document for TRUE LINES DISTRIBUTING LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

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) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 216A00018478

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PetIQ, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carlee Haines

Name of Person

PetIQ, LLC

Firm/Company

500 E Shore Dr., Suite 120

Address

Eagle, ID 83616

City/State and Zip Code

payables@truescience.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlee Haines

Name of Person

at (208) 939-8900 x.372

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: True Lines Distributing LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address  
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address  
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M12000000227

3. Jurisdiction of its organization: Idaho

4. Date authorized to do business in Florida: 1/13/12

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: PetIQ, LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

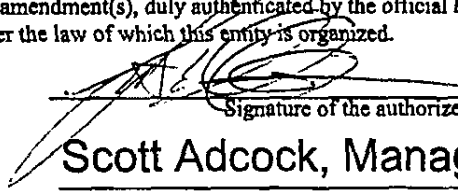
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the  
aforementioned amendment(s), duly authenticated by the official having custody of records in the  
jurisdiction under the law of which this entity is organized.

  
\_\_\_\_\_  
Signature of the authorized representative  
**Scott Adcock, Manager**  
\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00

# State of Idaho

Office of the Secretary of State

## CERTIFICATE OF EXISTENCE

OF

PETIQ, LLC

File Number W-94288

I, LAWRENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that I am the custodian of the limited liability company records of this State.

I FURTHER CERTIFY That the records of this office show that the above-named limited liability company filed a certificate of organization in Idaho on 6/18/2010.

I FURTHER CERTIFY That the limited liability company's certificate of organization has not been dissolved.

Dated: 8/25/2016 2:40 PM



A handwritten signature in cursive script, appearing to read "Lawrence Denney".

SECRETARY OF STATE

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2016 SEP 19 PM 2:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



# AMENDMENT TO CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$30.00.

Complete and submit the application in duplicate.

**FILED EFFECTIVE**

2015 DEC 17 PM 3:26

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:  
True Science Holdings, LLC
2. The date the certificate of organization was originally filed : June 18, 2010
3. The name of the limited liability company is amended to:  
Pet IQ, LLC
4. The complete street and mailing addresses of the principal office is amended to:  
500 E Shore Dr., Suite 120 Eagle, ID 83616  
(Street Address)  
  
(Mailing Address, if different)
5. The mailing address for future correspondence (annual reports) is amended to:  
500 E Shore Dr., Suite 120 Eagle, ID 83616  
(Address)
6. The name and address of the managers/members shall be amended as follows:
 

Add: ☐ Delete: ☐ \_\_\_\_\_  
(Name) (Address)

Add: ☐ Delete: ☐ \_\_\_\_\_  
(Name) (Address)

Add: ☐ Delete: ☐ \_\_\_\_\_  
(Name) (Address)

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2016 SEP 19 PM 2:47  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

7. Signature of a manager, member, or authorized person.

Printed Name: Cord Christensen, CEO

Signature:

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

12/17/2015 05:00

CK:3447774 CT:172099 BH:1504740

1@ 30.00 = 30.00 ORGAN AMEN #2

W94288

254



# AMENDMENT TO CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2016 FEB 19 PM 2:27

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$30.00.

Complete and submit the application in duplicate.SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Pet IQ, LLC

2. The date the certificate of organization was originally filed : June 18, 2010

3. The name of the limited liability company is amended to:

PetIQ, LLC

4. The complete street and mailing addresses of the principal office is amended to:

500 E Shore Dr., Suite 120 Eagle, ID 83616

(Street Address)

(Mailing Address, if different)

5. The mailing address for future correspondence (annual reports) is amended to:

500 E Shore Dr., Suite 120 Eagle, ID 83616

(Address)

6. The name and address of the managers/members shall be amended as follows:

Add: ☐ Delete: ☐

(Name)

(Address)

Add: ☐ Delete: ☐

(Name)

(Address)

Add: ☐ Delete: ☐

(Name)

(Address)

7. Signature of a manager, member, or authorized person.

Printed Name: Cord Christensen, CEO

Signature:

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Rev. 08/2015

Secretary of State use only

IDAHO SECRETARY OF STATE

02/22/2016 05:00

CK:3626228 CT:172099 BH:1514428

1@ 30.00 = 30.00 ORGAN AMEN #2

W94288