Division of Corporations Electronic Filing Cover Sheet

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Account Name : VCORP SERVICES, LLC

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Fax Number : (845)818-3588

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Foreign Limited Liability Company Animal Necessity, LLC

Certificate of Status Certified Copy 04 Page Count \$125.00 Estimated Charge

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Animal Necessity, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") 2. Delaware (Per number, if applicable) 4
2. Delaware 2. Ourisdiction under the law of which foreign limited liability company is organized) 4.
(Jurisdiction under the law of which foreign limited liability company is organized) 4.
(Jurisdiction under the law of which foreign limited liability (FEI number, it applicable) company is organized) 4.
(Date first transacted business in Florida, il prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability)
s. 216 Widwood Circle ≦등 🔒 📆
Key Largo, FL 33037
(Street Address of Principal Office)
6. 216 Widwood Circle
Key Largo, FL 33037
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Joseph Fava, President
216 Widwood Circle
Key Largo, FL 33037
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person (In accordance with section 605.0203 J. S., the execution of this document constitutes an affirmation under the penalties of perjury that the liters stated begain are true. 1
am aware that any false information plannited in a document of the Department of State constitutes a third degree fellony as provided for in a 817,155, F.S.) Joseph Fava, President
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

Necessity, LLC		
e, the alternate to be used in the state of Florida is:		
and the Florida street address of the registered agent and office are:	SECRE I	
Joseph Fava	-9 A87 SSE) Security
(Name)	TOP:	
216 Widwood Circle	L: 5 STATE FORM	U
Florida Street Address (P.O. Box NOT ACCEPTABLE)		
Key Largo FL 33037	<u></u>	
	Necessity, LLC e, the alternate to be used in the state of Florida is: and the Florida street address of the registered agent and office are: Joseph Fava (Name) 216 Widwood Circle Florida Street Address (P.O. Box NOT ACCEPTABLE) Key Largo 33037	Necessity, LLC b, the alternate to be used in the state of Florida is: and the Florida street address of the registered agent and office are: Joseph Fava (Name) 216 Widwood Circle Florida Street Address (P.O. Box NOT ACCEPTABLE) Key Largo FLORIDA STREET ADDRESS (P.O. Box NOT ACCEPTABLE)

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. 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 relating 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, Florida Statutes.

(Signature)

S 100.00 Filing Fee for Application
S 25.00 Designation of Registered Agent
S 30.00 Certified Copy (optional)
S 5.00 Certificate of Status (optional)

Delaware

DACE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ANIMAL NECESSITY, LLC" IS DULY
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE EIGHTH DAY OF DECEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ANIMAL NECESSITY, LLC" WAS FORMED ON THE NINTH DAY OF NOVEMBER, A.D. 2009.

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

14 DEC -9 PM 4: 50
TALLAHASSEF DE STATE

4751008 8300

141502950

Jeffrey W. Bullock, Secretary of St. AUTHENTY CATION: 1934337

DATE: 12-08-14

You may verify this certificate online at corp.delaware.gov/authver.shtml