# M15000002703

	(Requestor's Name)
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	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
<del></del>	(Business Entity Name)
	(Document Number)
_ertified Copies	Certificates of Status
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Special Instructions t	o Filing Officer:
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Office Use Only



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1\_Lc Merger

2022 DEC 14 PH 3: 19

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A. RAMSEY DEC 15 2022

#### Sunshine State Corporate Compliance Company

## 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 12/14/2022	_		
			~WALK IN
ENTITY NAME PetVet	Operating, LLC		
DOCUMENT NUMBER_			
	**PLEASE FILE THE	FATTACHED AND RETURN**	
	Plain Copy		
XXXX	Certified Copy		
	Certificate of Status		
	Certified Copy of Arts ( Certificate of Good Stand		
	**APOSTILLE' / NO	OTARIAL CERTIFICATION**	
COUNTRY OF DESTINAT	TION		
NUMBER OF CERTIFICA	TES REQUESTED		
TOTAL OWED \$80		ACCOUNT #: 12016000007	2
		S R FM	
Please call Tina at th			

#### **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: PetVet Operating, LLC		
	Name of Surviving Party	
The enclosed Certificate of Merger and fee(s)	are submitted for filing.	
Please return all correspondence concerning th	nis matter to:	
Contact Person	<u> </u>	
Firm/Company		
Address		
City. State and Zip Co	de	
licenses@petvetcarecenters.com		
E-mail address: (to be used for future a	ennual report notification)	
For further information concerning this matter	, please call:	
Joyce Francis	at ( 203 ) 491-3133	
Name of Contact Person	Area Code Daytime Telephone Number	
☐ Certified copy (optional) \$30.00		
STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Amendment Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	

CR2E080 (2/20)

### Articles of Merger For Florida Limited Liability Company

FILED

2022 DEC 14 AM 11: 14

The following Articles of Merger is submitted to merge the following Florida Limited Liability Company(ies) in accordance with s. 605.1025, Florida Statutes.

FIRST: The exact name, form/entity type, and jurisdiction for each merging party are as follows:							
Name	<u>Jurisdiction</u>	Form/Entity Type					
Florida Equine Veterinary Associates, LLC	Florida	Limited Liability Company					
<b>SECOND:</b> The exact name, form/entity type, and jurisdiction of the <u>surviving</u> party are as follows:							
Name	Jurisdiction	Form/Entity Type					
PetVet Operating, LLC	Delaware	Limited Liability Company					

**THIRD:** The merger was approved by each domestic merging entity that is a limited liability company in accordance with ss.605.1021-605.1026; by each other merging entity in accordance with the laws of its jurisdiction; and by each member of such limited liability company who as a result of the merger will have interest holder liability under s.605.1023(1)(b).

FOURTH: Please check one of the boxes that apply to surviving entity: (if applicable) This entity exists before the merger and is a domestic filing entity, the amendment, if any to its public organic record are attached. This entity is created by the merger and is a domestic filing entity, the public organic record is attached. This entity is created by the merger and is a domestic limited liability limited partnership or a domestic limited liability partnership, its statement of qualification is attached. This entity is a foreign entity that does not have a certificate of authority to transact business in this state. The mailing address to which the department may send any process served pursuant to s. 605.0117 and Chapter 48, Florida Statutes is: FIFTH: This entity agrees to pay any members with appraisal rights the amount, to which members are entitled under ss.605.1006 and 605.1061-605.1072, F.S. SIXTH: If other than the date of filing, the delayed effective date of the merger, which cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State: Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. **SEVENTH:** Signature(s) for Each Party: Typed or Printed Name of Individual: Name of Entity/Organization: Signature(s): Florida Equine Veterinary Associates, LLC Gino Volpacchio, Authorized Person Gino Volpacchio, Authorized Person PetVet Operating, LLC Corporations: Chairman, Vice Chairman, President or Officer (If no directors selected, signature of incorporator.) Signature of a general partner or authorized person General partnerships: Florida Limited Partnerships: Signatures of all general partners Non-Florida Limited Partnerships: Signature of a general partner Limited Liability Companies: Signature of an authorized person Fees: For each Limited Liability Company: \$25.00 For each Corporation: \$35.00 For each Limited Partnership: \$52.50 For each General Partnership: \$25,00

\$25.00

Certified Copy (optional):

\$30.00

For each Other Business Entity: