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(F	Requestor's Name)	
. (A	Address)	
(A	Address)	
(C	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(C	Pocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	

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COVER LETTER

TO:	Registration Section	· A			**************************************	*
	Division of Corporation	ns			* *	
UBJE	Southern Veterinary	Partners, LLC				
OBJE		Name	of Limited Liability	Company		_
	closed "Application by For ice, and check are submitte					
lease r	return all correspondence of	concerning this matter to t	the following:			
	Nichcola Hudso	on				
			Name of Person			
	Southern Veter	inary Partners, LLC				
			Firm/Company			_
	600 Luckie Dri	ve, Suite 405				
			Address			
	Birmingham, A	labama 35223				
		City	y/State and Zip Code			_
	nhudson@southe	ernvetpartnersllc.com				
		E-mail address: (to be u	ised for future annual	report noti	fication)	_
or furt	ther information concerning	g this matter, please call:				
	Nichcola Hudson		205		453-4260	
	Name o	of Contact Person	at (at Code	Dayt	ime Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division o Registratio Clifton Bu 2661 Exec		
Enclose	ed is a check for the follow \$125.00 Filing Fee	ing amount: ■ \$130.00 Filing Fee & Certificate of Status	2 □ \$155.00 Filir Certified Copy	ng Fee &	□ \$160.00 Filing Fee, Of Status & Certified Co	

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:

	eigh Limited Liability	Company; must ir	nclude "Limited Lia	bility Company," "L.L.C	C.," or "LLC.")		
name unavailable, enter a ibility Company," "L.L.C,	lternate name adopted	for the purpose of	f transacting busines	ss in Florida. The alterna	te name must inclu	ıde "Limit	ed
Delaware			3 47-1908537				
Jurisdiction under the law company is organized)	of which foreign limit	ed liability	J	(FEI number, if appli	cable)		
Acquired existing bus	iness on May 1, 201:	5					
	(Date first tra	nsacted business i	n Florida, if prior to 05, F.S. to determine	registration.)			
3717 NW 13th Street	(550 500 1150 50			pondity nationity,			
Gainesville, FL 32609						15	망
	(Stree	et Address of Prin	cipal Office)			ب	1250
600 Luckie Drive, Suit	e 405					15 JUH -5	T 07
Birmingham, AL 3522	23						CO
		(Mailing Add	lress)			===	PC:
Name and street addres	ss of Florida register	ed agent: (P.O.	Box NOT accept	able)		PH 12: 17	, d. ,
Name:	John H. Price, III	an again (rear		,		7	
0.00	3137 NW 13th Str	eet		_			
Office Address:				_			
Office Address:	Gainesville			- , Florida ³²⁶⁰⁹			
gistered agent's accep	tance:	(City)	of process for th	Zip cod		e designa	ited
gistered agent's accep ving been named as re s application, I hereby h the provisions of all	stance: egistered agent and t accept the appointm statutes relative to the	(City) to accept service tent as registere the proper and constitution of the constitu	ed agent and agree	Zip cod (Zip cod e above stated corpore e to act in this capacit	ation at the plac ty. I further agr	ee to com	ply
gistered agent's accep ving been named as re application, I hereby h the provisions of all obligations of my post	stance: egistered agent and t accept the appointm statutes relative to the ition as registered h	(City) To accept service the proper and contact the proper and conta	ed agent and agree omplete performa d agent's signature)	Zip cod (Zip cod e above stated corpor e to act in this capacit ince of my duties, and	ation at the plac ty. I further agr	ee to com	ply
gistered agent's accepving been named as rest application, I hereby h the provisions of all obligations of my post	stance: egistered agent and t accept the appointm statutes relative to the ition as registered h	(City) To accept service the proper and contact the proper and conta	ed agent and agree omplete performa d agent's signature)	Zip cod (Zip cod e above stated corpor e to act in this capacit ince of my duties, and	ation at the plac ty. I further agr	ee to com	ply
gistered agent's accepting been named as rest application, I hereby the provisions of all obligations of my post. The name, title or capann H. Price, III, CEO	stance: egistered agent and to accept the appointm statutes relative to the ition as registered by	(City) To accept service the proper and contact the proper and conta	ed agent and agree omplete performa d agent's signature)	Zip cod (Zip cod e above stated corpor e to act in this capacit ince of my duties, and	ation at the plac ty. I further agr	ee to com	ply
gistered agent's acception been named as rest application, I hereby the provisions of all obligations of my post. The name, title or captain H. Price, III, CEO Luckie Drive, Suite 4	stance: egistered agent and to accept the appointm statutes relative to the ition as registered by	(City) To accept service the proper and contact the proper and conta	ed agent and agree omplete performa d agent's signature)	Zip cod (Zip cod e above stated corpor e to act in this capacit ince of my duties, and	ation at the plac ty. I further agr	ee to com	ply
gistered agent's acceptiving been named as rest application, I hereby the the provisions of all a obligations of my post to bligations of my post to bligations. The name, title or capation H. Price, III, CEO D. Luckie Drive, Suite 4 cmingham, AL 35223. Attached is a certificate stdiction under the law the translator must be stored.	of existence, no more of which it is organized	(City) To accept service the proper and control (Registered the person(s) where the person(s) where the person days of the pers	ad agent and agree complete performated d agent's signature) no has/have author	(Zip cod (Zip cod e above stated corpor, e to act in this capacit ince of my duties, and ity to manage is/are:	ation at the plac ty. I further agr. I am familiar w	ee to com with and a	the

Typed or printed name of signee

degree felony as provided for in s.817.155, F.S.)

John H. Price, III

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT "SOUTHERN VETERINARY PARTNERS,
LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND
IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN
CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW
AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENT HAS BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE EIGHTH DAY OF SEPTEMBER,
A.D. 2014, AT 12:03 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATE IS THE ONLY PAPER OF RECORD, THE LIMITED LIABILITY

COMPANY IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING

MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

SECRETARY OF SIALISM
DIVISION OF CORPORALISM
15 JUN -5 PH 12: 17

5592133 8315

150640544

AUTHEN

Jeffrey W. Bullock, Secretary of State

AUTHENTYCATION: 2395872

DATE: 05-20-15

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