#11/50000004669

(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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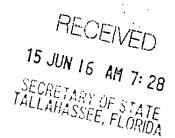
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2015 JUN 16 AN ID: 05

K.SALY EXAMINER JUN 1 6 2015





April 16, 2015

DAVE BERNARD 5805 STATE BRIDGE RD, STE. G264 JOHNS CREEK, GA 30097

SUBJECT: BENEVETS, LLC Ref. Number: W15000026123

We have received your document for BENEVETS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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: 515A00007493

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJ	BeneVets, LLC
0020	Name of Limited Liability Company
The en	iclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of nce, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida

Please return all correspondence concerning this matter to the following:

Dave Bernard
Name of Person
BeneVets, LLC
Firm/Company
5805 State Bridge Rd., Suite G264
Address
Johns Creek, GA 30097
City/State and Zip Code
dbernard@benevets.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dave Bernard

Name of Contact Person

at (678

Area Code)

Daytime Telephone Number

MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327

Tallahassee, FL 32314

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

■ \$160.00 Filing Fee, Certificate

of Status & Certified Copy

STREET ADDRESS:

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee □ \$130.00 Filing Fe

☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & Certificate of Status Certified Copy

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:

1. BeneVets, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company).	nted Liability Company," "L L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting Liability Company," "L.L.C," or "LLC.")	business in Florida. The alternate name must include "Limited	
	EIN 45-4131802	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)	
4 N/A	TALL SEE TO	
(Date first transacted business in Florida, (See sections 605.0904 & 605.0905, F.S. to c	if prior to registration.) letermine penalty liability)	
5. 175 Stanford Ridge	\$ 5 m	
Johns Creek, GA 30097		
6. 5805 State Bridge Rd., Suite G264	ipal Office)	
Johns Creek, GA 30097	<u> </u>	
(Mailing Addre	ss)	
7. The name, title or capacity and address of the person(s)	who has/have authority to manage is/are:	
Dave Bernard, CEO or Judy Chen, CFO)	
5805 State Bridge Rd., Suite G264		
Johns Creek, GA 30097		
8. Attached is an original certificate of existence, no more the having custody of records in the jurisdiction under the law of acceptable. If the certificate is in a foreign language, a translemust be submitted)	f which it is organized. (A photocopy is not	

Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Dave Bernard, CEO

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.

1. The name of BeneVets	the Limited Liability Com	pany is:	
If unavailable, th	e alternate to be used in t	he state of Florida is:	
2. The name and	I the Florida street address	s of the registered agent and office are:	THE JUST TO
InCorp Services, Inc.			
		(Name)	第二章
	- P. 09		
Florida Street Address (P.O. Box NOT ACCEPTABLE)			— 19
	Loxahatchee	33470 FL	
•		City/State/Zip	_

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)

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

STATE OF GEORGIA

Secretary of State Corporations Division 313 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CONTROL NUMBER DATE INC/AUTH/FILED : December 07, 2011 JURISDICTION PRINT DATE

: 11090509 : Georgia

: June 11, 2015

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

BENEVETS, LLC A Domestic Limited Liability Company

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Brian P. Kemp Secretary of State