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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	
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Office Use Only



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02/15/16--01014--001 **138.75

11/30/15--01032--020 **130.00

02/01/16--01011--005 **638.75

TILED

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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 1, 2016

LACI SCHAIBLE 516 17TH AVE NE ST. PETERSBURG, FL 33704

SUBJECT: VETLIVE.COM, LLC Ref. Number: W15000077468

We have received your document for VETLIVE.COM, LLC and your check(s) totaling \$768.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$777.50.

There is a balance due of \$138.75.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 616A00002071

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KOEHLER, FARRY & COMPANY

A PROFESSIONAL ASSOCIATION

CERTIFIED PUBLIC ACCOUNTANTS AND BUSINESS ADVISORS

MEMBERS OF THE AMERICAN INSTITUTE AND THE FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

TELEPHONE (813) 250-1200 FACSMILE (813) 250-1202 WEB SITE: WWW.CPA-TAMPA.COM

November 13, 2015

Internal Revenue Service Center Cincinnati, OH 45999

Re:

Vetlive.com, LLC

Form 2553

EIN: 27-2501791

To Whom it May Concern:

Enclosed is the signed Form 2553, Election By A Small Business Corporation, which is submitted to you for your acceptance.

S Corporation status is requested for the period beginning January 1, 2015 and ending on successive December 31st unless otherwise terminated.

Please date stamp the enclosed extra copy of this letter and return it to us in the self-addressed, stamped envelope.

If you have any questions, please call.

Very truly yours,

Jason S. Farry

Enclosures

Certified Mail # 7015 1730 0002 1658 0596



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 1, 2015

LACI SCHAIBLE 516 17TH AVE NE ST. PETERSBURG, FL 33704

SUBJECT: VETLIVE.COM, LLC Ref. Number: W15000077468

We have received your document for VETLIVE.COM, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filling fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filling fees total \$638.75.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 315A00025107

COVER LETTER

TO:	Registratio Division of	n Section Corporation	· S ,						
SUBJ		e.com, LLC							
CODO			Name	of Limited Liability	Company				
			ign Limited Liability C to register the above re						
Please	return all corre	espondence co	oncerning this matter to	the following:					
	La	ci Schaible							
				Name of Person					
	Ve	tLive.com, L	LC .						
				Firm/Company		171111			
	516	6 17th Ave N	3					20	
	_			Address				ר.ב כ.ניני	** = m== m== H
	St	Petersburg, F	L 33704				A	B 83	(South at right)
			Ci	ty/State and Zip Code	e		1771	>	(200) 10°C
	laci.	schaible@gm					5372	Ç	
Eon Gu	uthau in famaati		E-mail address: (to be		ıl report no	tification)	1.37°.	9	
ror iu		on concerning	this matter, please call		250 12	00			
	Jason Farry			813 at (250-12 	ytime Telepho			
			Contact Person	Area Code	e Day	ytime Telepho	one Num	ber	
	MAILING Division of	ADDRESS: Corporations				F ADDRESS of Corporation			
	Registration					ion Section	2112		
	P.O. Box 63				Clifton E	Building			
	Tallahassee,	FL 32314				see, FL 32301			
Enclos	ed is a check for		_						
	□ \$125.00 H	Filing Fee	■ \$130.00 Filing Fee a Certificate of Status	& □ \$155.00 Fili Certified Copy	-	□ \$160.00 of Status &			

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:

	eign Limited Liability Company; mus			•	
If name unavailable, enter al Liability Company," "L.L.C,	Iternate name adopted for the purpose," or "LLC.")	of transacting business	in Florida. The alterna	ite name must includ	e "Limited
Pennsylvania		3. 27-2501791			
(Jurisdiction under the law company is organized)	of which foreign limited liability	<u> </u>	(FEI number, if appli	icable)	
January 1, 2014					
·	(Date first transacted busines (See sections 605.0904 & 605.0	ss in Florida, if prior to n	egistration.)		
5. 516 17th Ave NE	(300 Sections 603.0904 & 603.0	1903, F.S. to determine p	charry natimity)		
St Petersburg, FL 3370)4				
	(Street Address of P	rincipal Office)			
5. 516 17th Ave NE				The service and the	1-11-11
St Petersburg, FL 3370	M			ST G	ence Luis
Stretersburg, 1 L 3370	(Mailing A	Address)		<u> </u>	il and the second
		•		7 P	
. Name and street addres	ss of Florida registered agent: (P.0	O. Box NOT acceptat	ole)		
Name:	Jason Farry			23 mg CT	
Office Address:	401 N Howard Ave			Action 1	
	Tampa		, Florida 33606		
Registered agent's accep	(City)		(Zip cod	le)	
lesignated in this applica o complywith the provisi	egistered agent and to accept servetion, I hereby accept the appoint ions of all statutes relative to the p my position as registered agent	ment as registered age	ent and agree to act	in this capacity.	I further agr
eccept the obligations of i		ered agent's signature)	}		
eccept the obligations of a	(Registe				
8. 'I he name, title or capa	acity and address of the person(s)	who has/have authority	y to manage is/are:		
8. 'I he name, title or capa		who has/have authorit	y to manage is/are:		
		who has/have authorit	y to manage is/are:		

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Laci Schaible

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE 11/19/2015

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

VetLive.com, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

OF THE COATE OF TH

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Secretary of the Commonwealth

Certification Number: TSC151119121146-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify.aspx