

M16000004324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

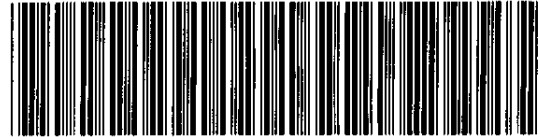
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUNE 16 2016
TALLAHASSEE, FLORIDA

JUN 02 2016

Y SULKER

16-39256

Date: 05/26/2016

Account #: 120000000088

Name: ERIC HOOD

Reference #: M080275

ENTITY NAME: COMMUNITY VETERINARY CLINICS, LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Annual Report

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other: CERTIFIED COPY

Authorized Amount: \$155.00

Signature: E. Butcher

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COMMUNITY VETERINARY CLINICS, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, 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:

Darcy Pecoraro

Name of Person

Community Veterinary Clinics, LLC

Firm/Company

5813 Skylane Blvd.

Address

Windsor, CA 95492

City/State and Zip Code

accounting@vipetcare.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Darcy Pecoraro

Name of Contact Person

at (707)

Area Code

620-2236

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 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. COMMUNITY VETERINARY CLINICS, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

CVC VIP Petcare, 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

3. 47-1149193

(Jurisdiction under the law of which foreign limited liability
company is organized)

(FEI number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5813 SKYLANE BLVD.

WINDSOR, CA 95492

(Street Address of Principal Office)

6. 5813 SKYLANE BLVD.

WINDSOR, CA 95492

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NATIONAL CORPORATE RESEARCH, LTD., INC.

Office Address: 115 NORTH CALHOUN STREET, SUITE 4

TALLAHASSEE

(City)

, Florida 32301

(Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties and I am familiar with and
accept the obligations of my position as registered agent.

(Registered agent's signature)

Vikki Sacturn, Assistant Secretary of National Corporate Research, Ltd., Inc.

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

KENNETH PECORARO, MANAGER

5813 Skyline Blvd., Windsor, CA 95492

9. Attached is a 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. (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

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.

KENNETH PECORARO

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COMMUNITY VETERINARY CLINICS, 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 TWENTY-THIRD DAY OF MAY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COMMUNITY VETERINARY CLINICS, LLC" WAS FORMED ON THE SECOND DAY OF APRIL, A.D. 2014.

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



5510023 8300

SR# 20163584869

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202365439

Date: 05-23-16