Mb600007801

(Requ	uestor's Name)			
(Addı	ress)			
(Addi	ress)			
(City/	State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Busi	ness Entity Na	me)		
(Doc	ument Number)		
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



000290592840

09/29/16--01019--016 **125.00

16 SEP 29 PH 2: 30
SECRETARY OF STATE

T WASHINGTON SEP 3 0 2016

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	TVET Operating PLLC, LLC d/b/a VitalPet CT:
	Name of Limited Liability Company
The en	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ee, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please	eturn all correspondence concerning this matter to the following:
	Jennifer Marfleet
	Name of Person
	VitalPet
	Firm/Company
	1519 Washington Ave, Ste D
	Address
	Houston, TX 77007
	City/State and Zip Code
	jenniferm@vitalpet.com
	E-mail address: (to be used for future annual report notification)
For fu	her information concerning this matter, please call:
	Jennifer Marflect 713 444-9742
	Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassec, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclo	ed is a check for the following amount: \$\Begin{align*} \text{ is a check for the following amount:} & \text{ is 130.00 Filing Fee & } & \text{ is 155.00 Filing Fee & } & \text{ is 160.00 Filing Fee, Certificate } & \text{ Certified Copy} & \text{ of Status & Certified Copy} \end{align*} \$\Begin{align*} \text{ is a check for the following amount:} & \text{ is 130.00 Filing Fee & } & \text{ is 155.00 Filing Fee & } & \text{ is 160.00 Filing Fee, Certificate } & \text{ of Status & Certified Copy} & \text{ of Status & Certified Copy} & \text{ is 160.00 Filing Fee, Certificate } & is 160.00 Fil

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 COMPLANY TO TRANSACT RESIDENCE.

name unavailable, enter of	liernate name adonted for the numor	e of transacting business in Florida. The alternate n	ome must include "Limite
ability Company," "L.L.C,	" or "LLC.")	o a manage of the state of the state of	, , , , , , , , , , , , , , , , , , ,
Texas		3. 27-0978996	<u> </u>
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable	(e)
August 1, 2016			
	(Date first transacted busine (See sections 605.0904 & 605	es in Florida, if prior to registration.) .0905, F.S. to determine penalty liability)	_
VitalPet - Crill and Pa	lm Veterinary Hospital		
3201 Crill Ave, Palatk	a, FL 32177		_ 注: あ
	(Street Address of	Principal Office)	- 도울 %
VitalPet			SEP 29
1518 Washington Ave			
		Address)	- 취유 유 년
Name and street adde-	ss of Florida registered agent: (P		55.
. 14mile min <u>Subst modif</u>	ss or riorda registered agent: (r National Corporate Research,	 • /	30 30
Name:		Ltv., inc.	33
Office Address:	115 North Calhoun St.		
Office Address:	Tallahassee	Florida 32301	
legistered agent's accep	Tallahassee (City)	, Florida 32301 (Zip code)	 ability company at the p
legistered agent's acce laving been named as r lesignated in this applice o complywith the provis	Tallahassec (City) ptance: egistered agent and to accept ser ation, I hereby accept the appoint ions of all statutes relative to the my position as registered agent. Lathlen Ballad	(Zip code) rvice of process for the above stated limited lic itment as registered agent and agree to act in proper and complete performance of my dut Asst. Sec.	this capacity. I further
legistered agent's acce laving been named as r lesignated in this applice o complywith the provis	Tallahassec (City) ptance: egistered agent and to accept ser ation, I hereby accept the appoint ions of all statutes relative to the my position as registered agent. Lathlen Ballad	(Zip code) rvice of process for the above stated limited lic stment as registered agent and agree to act in r proper and complete performance of my dut	this capacity. I further
legistered agent's accellaving been named as resignated in this applicate complywith the provisecept the obligations of	Tallahassee (City) ptance: egistered agent and to accept ser ation, I hereby accept the appoint ions of all statutes relative to the my position as registered agent. Lathlen Ballard (Regis	(Zip code) rvice of process for the above stated limited lic itment as registered agent and agree to act in proper and complete performance of my dut Asst. Sec.	this capacity. I further
legistered agent's acceptaint been named as releasing been named as releasing application comply with the provising the obligations of	Tallahassee (City) ptance: egistered agent and to accept ser ation, I hereby accept the appoint ions of all statutes relative to the my position as registered agent. Lathlen Ballard (Regis	(Zip code) rvice of process for the above stated limited lie stment as registered agent and agree to act in e proper and complete performance of my dut the Australian Sec. stered agent's signature)	this capacity. I further
legistered agent's acceptaving been named as relessing the second supplied of comply with the provisuccept the obligations of the second supplied	Tallahassee (City) ptance: egistered agent and to accept servation, I hereby accept the appointions of all statutes relative to the imposition as registered agent. (Registrative and address of the person(servation))	(Zip code) rvice of process for the above stated limited lie stment as registered agent and agree to act in e proper and complete performance of my dut the Australian Sec. stered agent's signature)	this capacity. I further
legistered agent's acceptaving been named as relessing ated in this applicate occupy with the provistance of the obligations of the same, title or capwarren Resell, DVM	Tallahassee (City) ptance: egistered agent and to accept servation, I hereby accept the appointions of all statutes relative to the imposition as registered agent. (Registrative and address of the person(statute) ing PLLC, LLC	(Zip code) rvice of process for the above stated limited lie stment as registered agent and agree to act in e proper and complete performance of my dut the Australian Sec. stered agent's signature)	this capacity. I further
Registered agent's acceptainty been named as resignated in this applicate complywith the provisuacept the obligations of the name, title or captainty agents. TVET Operated the Attached is a certificate of the captainty and the captainty agents. TVET Operated the captainty agents are the captainty agents. Attached is a certificate of the captainty agents age	Tallahassee (City) ptance: egistered agent and to accept seration, I hereby accept the appointions of all statutes relative to the my position as registered agent. (Registered and address of the person(sering PLLC, LLC) mble, TX 77338 e of existence, no more than 90 description of which it is organized. (If the submitted)	(Zip code) rvice of process for the above stated limited lie statent as registered agent and agree to act in reproper and complete performance of my dut d. And. See stered agent's signature) s) who has/have authority to manage is/are:	this capacity. I further ties, and I am familiar t
Registered agent's acceptaining been named as relessing at the supplication complywith the provisuacept the obligations of the name, title or captained as the supplication of the name, title or captain the name	Tallahassee (City) ptance: egistered agent and to accept seration, I hereby accept the appointions of all statutes relative to the my position as registered agent. (Registrative and address of the person(sering PLLC, LLC) mble, TX 77338 te of existence, no more than 90 dev of which it is organized. (If the	(Zip code) rvice of process for the above stated limited lie statent as registered agent and agree to act in reproper and complete performance of my dut d. And. See stered agent's signature) s) who has/have authority to manage is/are:	this capacity. I further ties, and I am familiar t

Typed or printed name of signee

Warren G. Resell, D.V.M

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Carlos H. Cascos Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for TVET Operating PLLC (file number 801172719), a Domestic Limited Liability Company (LLC), was filed in this office on September 21, 2009.

It is further certified that the entity status in Texas is in existence.

16 SEP 29 PH 2: 30
SECREMANY OF STATE
AND ANALYSISEE, FLORIDA

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 21, 2016.



Carlos H. Cascos Secretary of State

Come visit us on the internet at http://www.sos.state.tx.us/

Phone: (512) 463-5555 Fax: (512) 463-5709
Prepared by: SOS-WEB TID: 10264

Dial: 7-1-1 for Relay Services Document: 690793970002