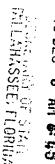
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COMPANION ANIMAL PRACTICES NORTH AMERICA, LLC

aHodge

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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 COMPLANT TO TRANSACT REININGSS, INITIES, STATE OF RECORDA.

Companion Animal Prac	ctices North America, LLC ign Limited Liability Company; mus		de "Limited Lia	bility Company," "L.L.C.,"	or "LLC.")	
Liability Company," "L.L.C,"	ernate name adopted for the purpose or "LLC.")	of tra	nsacting busines	s in Florida. The alternate	name must include '	'Limited
2. Delaware		3.	81-1677016			
(Jurisdiction under the law company is organized)	of which foreign limited liability	σ.		(FEI number, if applical	ble)	· ·
4	/Data first transcaled hundre	32 TO	la de la la malanta			
	(Date first transacted busines (See sections 605.0904 & 605.0	0905,	F.S. to determine	e penalty liability)		
5. 900 Grier Drive	·					
Las Vegas, NV 89119						
	(Street Address of P	rincip	al Office)			
6. 900 Grier Drive						
Las Vegas, NV 89119						
· · · · · · · · · · · · · · · · · · ·	(Mailing A	Addres	s)			
7. Name and street address	s of Florida registered agent: (P.	O. Bo	x <u>NOT</u> accept	table)		
Name:	Corporation Service Company			_	平台()EC
Office Address:	1201 Hays Street				Sign	Total
	Tallahassee		_	, Florida 32301 (Zip code)		\$ 177
	(City)			(Zip code)		90
designated in this applicate to complywith the provision	gistered agent and to accept servition, I hereby accept the appoint ons of all statutes relative to the my position as registered agent. (Regist	ment prope	as registered a r and complete	igent and agree to act in e performance of my du	this capacity. I j	further agree
· -	city and address of the person(s)	who .	has/have autho	rity to manage is/are:		
12401 West Olympic Bou			<u></u>			
Los Angeles, CA 90064	1, 7, 2, 2, 111				<u> </u>	
9. Attached is a certificate		Third Curion		gn language, a translatio		
This document is executed submitted in a document to	in accordance with section 605.0 the Department of State constitu)203 (ites a	1) (b), Florida third degree fel	Statutes. I am aware that lony as provided for in s.	any false informa 817.155, F.S.	tion

Typed or printed name of signee

Tomas W. Fuller

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "COMPANION ANIMAL PRACTICES NORTH

AMERICA, 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 SEVENTH DAY OF

DECEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COMPANION ANIMAL PRACTICES NORTH AMERICA, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF FEBRUARY, A.D. 2016.

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

a at coro delaware gov/auti

Authentication: 203461488

Date: 12-07-16