

MI8000003070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

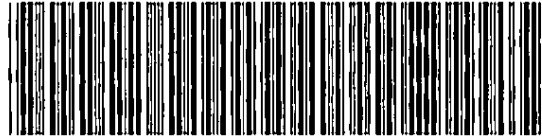
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/06/18--01016--010 **125.00

18/03/29 PM 2:26

J. LEGGETT
MAR 30 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 7, 2018

ANGELLA DORSEY-ORESTO
4001 IBERVILLE ST
NEW ORLEANS, LA 70119 US

SUBJECT: ADOVET LLC
Ref. Number: W18000021945

We have received your document for ADOVET LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 418A00004597

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADOVet ^{LLC} ~~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:

Angella Dorsey-Oresto

Name of Person

ADOVet LLC

Firm/Company

4001 Iberville St

Address

New Orleans, LA 70119

City/State and Zip Code

adovetllc@gmail.com

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

For further information concerning this matter, please call:

Angella Dorsey-Oresto

Name of Contact Person

at (908)

Area Code

220-6455

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

check already sent w/
previous filing paperwork.

JL

RECEIVED
2018 MAR 29 PM 12:10
DEPARTMENT OF STATE
DIVISION OF CORPORATE
REGISTRATION
TALLAHASSEE, FL 32301

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. ADOVet LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. Louisiana 3. 82-3048794
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
company is organized)

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

5. 4001 Iberville St
New Orleans, LA 70119
(Street Address of Principal Office)

6. 4001 Iberville St
New Orleans, LA 70119
(Mailing Address)

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

Name: Northwest Registered Agent, LLC.
Office Address: 3030 N. Rocky Point Dr. STE 150A
Tampa, Florida 33607
(City) (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.*

Tom Glover

(Registered agent's signature)

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

Angella Dorsey-Oresto (owner)
4001 IBERVILLE ST
NEW ORLEANS, LA 70119

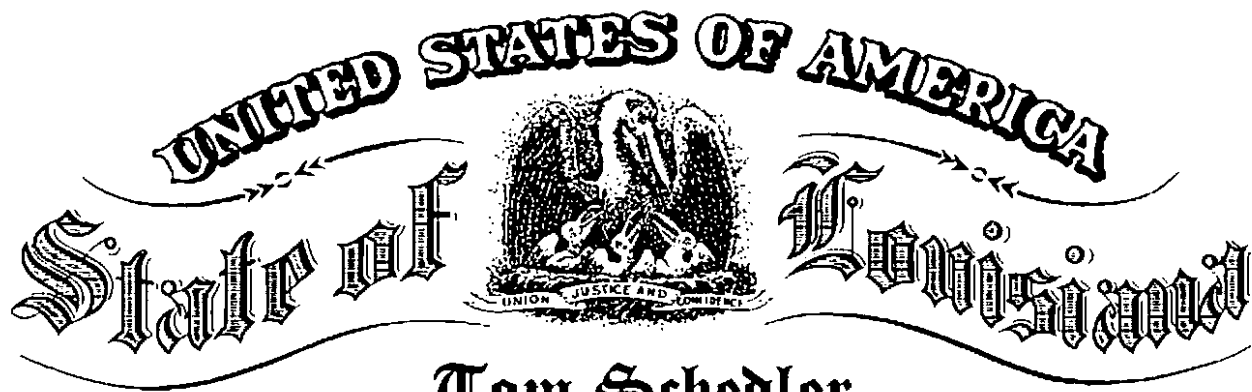
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the
jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath
of the translator must be submitted)

Angella Dorsey-Oresto
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.

ANGELLA DORSEY-ORESTO
Typed or printed name of signee

18 11 29 PM 2:26



Tom Schedler

SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that

the Articles of Organization of

ADOVET LLC

Domiciled at NEW ORLEANS, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on October 11, 2017,

I further certify that no Certificate of Dissolution or Termination has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

March 2, 2018

Secretary of State

Web 42827252K



Certificate ID: 10923490#F5P83

To validate this certificate, visit the following web site, go to **Business Services**, **Search for Louisiana Business Filings**, **Validate a Certificate**, then follow the instructions displayed.
www.sos.la.gov