6/1/2018

Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone : (702)866-2500

Fax Number : (702)866~2689

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Managed reports @ incorp. Com

Foreign Limited Liability Company H&C Animal Health LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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Corporate Filing Menu

Help

COVER LETTER

TO:	Registration Section Division of Corporation	ns	H1800010	67538 3	
ento n	H&C Animal Hea	alth LLC			
30000		Name of L	imited Liability Company		
The en	closed "Application by For ace, and check are submitte	eign Limited Liability Comp d to register the above refere	any for Authorization to T need foreign limited liabili	ransact Business in Florida," Certificate of ity company to transact business in Florida.	
Please	return all correspondence o	concerning this matter to the	following:		
	Georgia Dor	sam			
		Na	ime of Person		
	InCorp Servic	es, Inc.			
Firm/Company					
	3773 Howard	d Hughes Pkwy., Suite	500S		
•	-		Address		
	Las Vegas, I	NV 89169-6014			
		City/St	ate and Zip Code		
	managedreport	is@incorp.com			
		E-mail address: (to be used	for future annual report n	otitication)	
For fu	ther information concernin	g this matter, please call:			
Geo	orgia Dorsam on behalf	of InCorp Services, Inc	800-246 -2 677		
	Name o	f Contact Person	Area Code · D	aytime Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Divisio Registr Clifton 2661 B	ET ADDRESS: n of Corporations ation Section Building xecutive Center Circle ssee, FL 32301	
Enclos	ed is a check for the follow ☐ \$125.00 Filing Fee	ring amount: 1 \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy	

H18000167538 3

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO	
IN FLORIDA ///8000/67:	5383
IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A	FOREIGN LIMITED LIABILITY

COMPANYTOTRANSACTBU	SINESS IN THE STATE OF FLORIDA:					
1. H&C Animal Health	LLC					
(Name of Foreign	Limited Liability Company; must include "Limite	d Liabilii	y Company," "L.L.C.," or "LLC.")		•	
(If name unavnilable, enter alternate 2	arms adopted for the purpose of transacting business in Flo	rida. The a	Starmate name must include "Limited Liabilit	ty Company," "L.L.	C," or "LLC."	")
2. Colorado	· · · · · · · · · · · · · · · · · · ·	3.	(FEI purphet,			
(Junsdiction under the law of wh	rich foreign limited liability company is organized)		(FEI mumber,	it sbblicepla)		
4. Upon Registration		minimi				
	(Date first transacted business in Florids, it prior to (See sections 605.0904 & 605.0905, F.S. to determine			450	.	
5. 18403 Longs Way, U	Init 102,	6.	18403 Longs Way, Unit	102,	<u> </u>	
Parker, CO 80134			Parker, CO 80134	· <u>·</u> -		٠.
				<u> ::.</u>	1	
			•	÷.	THE	· · · · ·
7. Name and street address	s of Florida registered agent: (P.O. Box	NOT	acceptable)	;		
Name:	InCorp Services, Inc.			ر. د ــ ،		
Office Address:	17888 67th Court North				ف	
5-201-1 (= 1110 1 1	Loxahatchee		, Florida 33470	,1,		
•	(City)		(Zip coda)			
to comply with the provis-	tion, I hereby accept the appointment a lons of all statutes relative to the proper s of my position as registered agent. Compared agent Compared agent	and co	Georgia Dorsam on be	ities, and I an	n familiar	rwith
8. The name, title or can	acity and address of the person(s) who be	ıs/bave	authority to manage is/are:			
Title or Capacity:	Name and Address:		itle or Capacity:	Name and A	<u>.ddress:</u>	
Member	Chuck Latham 18403 Longs Way, Unit	102, -				
	Parker, CO 80134	_				
Member	Kathy Latham	_	·			
	18403 Longs Way, Unit 1 Parker, CO 80134	02.				
(Use attachments if neces		_		•		
9. Attached is a certificate jurisdiction under the law of the translator must be s	of existence, no more than 90 days old, of which it is organized. (If the certifical abmitted)	duly ex te is in	othenticated by the official hav a foreign language, a translatio	ing custody of on of the certif	Frecords i icate unde	n the er oath
10. This document is executed in a document to	outed in accordance with section 605.020 to the Department of State constitutes a th	ird des	tee felony as provided for in s.	that any false 817.155, F.S.	informati	បព
	Ruch Form					
·	Signature	of an act	nonzad persoa			
	Chuck Latham					
.`		r printed c	erne of signee ///2003	<u></u>	3 <i>5</i> 7	

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OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

H&C Animal Health LLC

is a

Limited Liability Company

formed or registered on 10/21/2010 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20101581130.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 05/25/2018 that have been posted, and by documents delivered to this office electronically through 06/01/2018 @ 15:39:38 -

I have affixed bereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 06/01/2018 @ 15:39:38 in accordance with applicable law. This certificate is assigned Confirmation Number 10933667



Secretary of State of the State of Colorado

Nonce: A certificata issued electronically from the Colorado Secretary of State's Web the Is fully and immediately valid and affective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do antering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a sertificate. For more information, visit our Web site, http://www.sos.state.co.us/click="Businesses, trademarks, trade names" and select="Frequently Asked Questions."

*************End of Certificate ****

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June 4, 2018

FLORIDA DEPARTMENT OF STATE Division of Corporations

BANYAN CAY DEV. LLC 2855 PGA BOULEVARD SUITE 100 PALM BEACH GARDENS, FL 33410US

SUBJECT: BANYAN CAY DEV. LLC

REF: L14000192242

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

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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 FAX Aud. #: H18000167150 Letter Number: 118A00011472

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