

# M18000006198

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 : CAPITOL SERVICES, INC.  
Account Number : 120160000017  
Phone : (855) 498-5500  
Fax Number : (800) 432-3622

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

**Email Address:** \_\_\_\_\_

Foreign Limited Liability Company  
VETIQ STAFFING, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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2018 JUL -5 PM 3:05

FLORIDA  
DIVISION OF CORPORATIONS

2018 JUL -5 AM 10:00

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Corporate Filing Menu

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**SUBJECT: VetIQ Staffing, 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:

Name of Person

Capitol Services - Corporate Filings Team

Firm/Company

515 East Park Avenue 2nd Fl

Address

Tallahassee FL 32301

City/State and Zip Code

eburns@vetiqstaffing.com

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

For further information concerning this matter, please call:

Elise Burns

Name of Contact Person

at ( 800 )

Area Code

217-0166

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. VetIQ Staffing, 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. Delaware**

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

**3. 82-5133667**

(FEI number, if applicable)

**4. 04/01/2018**

(Date first transacted business in Florida, if prior to registration.  
(See sections 605.0904 & 601.0905, F.S. to determine penalty liability))

**5. 10000 North Central Expressway**

(Street Address of Principal Office)

**Suite 925**

**Dallas, TX 75231**

**6. 10000 North Central Expressway**

(Mailing Address)

**Suite 925**

**Dallas, TX 75231**

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

Name: **Capitol Corporate Services, Inc.**

Office Address: **515 East Park Avenue 2nd Fl**

**Tallahassee**

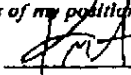
(City)

**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)

**Krista Abair, Assistant Secretary on  
behalf of Capitol Corporate Services, Inc.**

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

**Title or Capacity:**

**Name and Address:**

**Title or Capacity:**

**Name and Address:**

**CEO**

**Elise Burns**

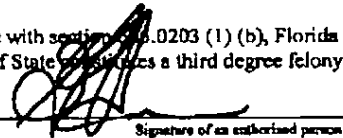
**10000 N Central Expy, #925**

**Dallas, TX 75231**

(Use attachments if necessary)

**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)**

**10. 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.**



Signature of an authorized person

**George Hargrave**

Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "VETIQ STAFFING, 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 FIFTH DAY OF JULY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VETIQ STAFFING,  
LLC" WAS FORMED ON THE NINTH DAY OF OCTOBER, A.D. 2017.

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



6573665 8300

SR# 20185516872

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://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 in a small font.

Authentication: 203012047

Date: 07-05-18

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