

M1900000L656

(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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FILED
2019 JUN 26 PM 9:39
TALLAHASSEE FLORIDA

D. BRUCE
JUL 11 2019



June 25, 2019

VIA UPS OVERNIGHT

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**Re: Application by Foreign Limited Liability Company for
Authorization to Transact Business in Florida**

Dear Sir or Madam:

I enclose for filing an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida on behalf of Veterinary Specialists of North America LLC (d/b/a Compassion-First Pet Hospitals). I also enclose Certificate of Existence for the State of Delaware dated May 1, 2019 and our check number 80048 in the amount of \$160 for the filing fee, Certificate of Status and Certified Copy.

Should you have any questions, please contact me at 732-704-9222 x4478 or hana.wolf@compassionfirstpets.com.

Thank you for your assistance.

Very truly yours,

A handwritten signature in black ink, appearing to be "Hana S. Wolf", written over a horizontal line.

Hana S. Wolf
General Counsel

FILED
2019 JUN 26 PM 3:25
TALLAHASSEE, FLORIDA
FBI

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Veterinary Specialists of North America 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:

Hana S. Wolf, General Counsel

Name of Person

Veterinary Specialists of North America LLC

Firm/Company

106 Apple Street, Suite 102

Address

Tinton Falls, NJ 07724

City/State and Zip Code

hana.wolf@compassionfirstpets.com

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

For further information concerning this matter, please call:

Hana S. Wolf, General Counsel

732

704-9222 x4478

at (_____) _____

Name of Contact Person

Area Code

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

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2019 JUN 26 PM 9:39
Tallahassee, Florida
Division of Corporations

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**



\$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. Veterinary Specialists of North America 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 3. 47-1122386
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 106 Apple Street, Suite 102 6. 106 Apple Street, Suite 102
(Street Address of Principal Office) (Mailing Address)

Tinton Falls, NJ 07724 Tinton Falls, NJ 07724

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

Name: Corporation Service Company

Office Address: 401 Hays Street

Tallahassee, Florida 32301
(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.

Danica Denmore
(Registered agent's signature)

FILED
2018 JUN 26 PM 9:35
TALLAHASSEE, FLORIDA

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☐ Manager Name: John B. Payne

☐ Member Address: 106 Apple Street

☒ Authorized Suite 102

Person Tinton Falls, NJ 07724

☒ Other President & CEO ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

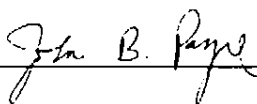
Person _____

☐ Other ☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

John B. Payne

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 "VETERINARY SPECIALISTS OF 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 FIRST DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VETERINARY SPECIALISTS OF NORTH AMERICA LLC" WAS FORMED ON THE ELEVENTH DAY OF JUNE, A.D. 2014.

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



5549683 8300

SR# 20193393395

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202743231

Date: 05-01-19