

M1900000742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

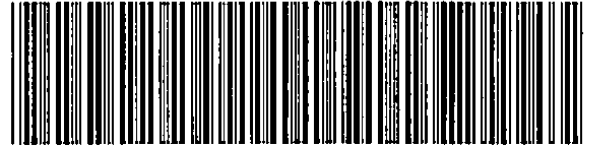
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



000331966760

07/25/19--01011--025 **160.00

FILED
2019 JUL 25 PM 4:47
CLERK OF COURT

B KINSEY
AUG 2 - 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VetChecked 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:

Janara Bostick

Name of Person

VetChecked LLC

Firm/Company

2134 Wilderness Path

Address

Fort Walton Beach, Florida 32547

City/State and Zip Code

jbostick@vetchecked.com

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

For further information concerning this matter, please call:

Kena Bostick

865

360-9921

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

2019 JUL 25 PM 4:47

FILED

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. VetChecked LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")
2. Tennessee
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 83-2070677
(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. 2134 Wilderness Path
(Street Address of Principal Office)
6. 913 Beal Parkway NW
(Mailing Address)
- Fort Walton Beach, FL 32547
- Suite A, #138
- Fort Walton Beach, FL 32547

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

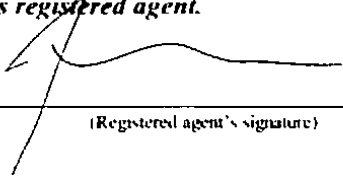
Name: Janara Bostick

Office Address: 2134 Wilderness Path

Fort Walton Beach, Florida 32547
(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.


(Registered agent's signature)

FILED
2019 JUL 25 PM 4:17
CLERK OF CIRCUIT COURT
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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Kema Bostick</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Janara Bostick</u>
<input checked="" type="checkbox"/> Member	Address: <u>2134 Wilderness Path</u>	<input checked="" type="checkbox"/> Member	Address: <u>2134 Wilderness Path</u>
<input checked="" type="checkbox"/> Authorized	<u>Fort Walton Beach, FL 32547</u>	<input checked="" type="checkbox"/> Authorized	<u>Fort Walton Beach, FL 32547</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

2019 JUL 25 PM 4:47

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

KEMA L. BOSTICK

Typed or printed name of signee



Tre Hargett
Secretary of State

Division of Business Services

Department of State

State of Tennessee

312 Rosa L. Parks AVE. 6th FL
Nashville, TN 37243-1102

KENA BOSTICK

2134 WILDERNESS PATH

FORT WALTON BEACH, FL 32547-6839

July 18, 2019

Request Type: Certificate of Existence/Authorization

Request #: 0323280

Issuance Date: 07/18/2019

Copies Requested: 1

Document Receipt

Receipt #: 004925841

Filing Fee: \$20.00

Payment-Check/MO - KENA LOREN BOSTICK, DAYTON, OH

\$20.00

Regarding: VetChecked LLC

Filing Type: Limited Liability Company - Domestic

Control #: 986502

Formation/Qualification Date: 09/22/2018

Date Formed: 09/22/2018

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County: KNOX COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

VetChecked LLC

* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cheryl Donnell

Verification #: 0342261