

M20000003860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

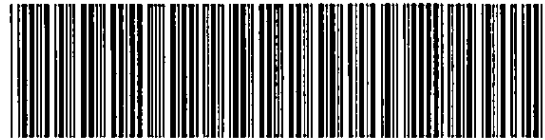
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W2000000-1134

Office Use Only



900341700449

03/10/20--01025--012 **125.00

04/21/20--01002--006 **638.75

2020 APR 20 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

APR 22 2020

M. SOLOMON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ElleVet Sciences 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:

Christian Kjaer

Name of Person

ElleVet Sciences LLC

Firm/Company

200 John Roberts Road

Address

South Portland, Maine

City/State and Zip Code

christian@ellevetsciences.com

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

For further information concerning this matter, please call:

Stacey Evans

844

673-7287 ext. 307

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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. ElleVet Sciences 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. 82-2846673
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. January 7, 2019
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 200 John Roberts Rd 6. 200 John Roberts Rd
(Street Address of Principal Office) (Mailing Address)
Portland, ME. 04106 Portland, ME. 04106

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

Name: CT Corporation
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(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.

Denise Bell, Denise Bell, Assistant Secretary
(Registered agent's signature)

FILED
2020 APR 20 AM 9:31
SECRETARY OF STATE
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]:


<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:	Christian Kjaer		<input checked="" type="checkbox"/> Manager	Name:	Intellivet Capital Partners, LLC	
<input type="checkbox"/> Member	Address:	405 Western Avenue #409		<input type="checkbox"/> Member	Address:	200 Johnson Rd,	
<input type="checkbox"/> Authorized		South Portland, ME 04106		<input type="checkbox"/> Authorized		Furnace, PA 16865	
	Person				Person		
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Manager	Name:	Amanda Howland		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	580 Ocean Street,		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		South Portland, ME 04106		<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	

FILED
2022 APR 20 AM 9:31
CLERK OF STATE
TREASURY OF FLORIDA

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

CHRISTIAN KJAER

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 "ELLEVEY SCIENCES 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 TWELFTH DAY OF DECEMBER, A.D. 2019.

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



6547744 8300

SR# 20198588058

You may verify this certificate online at 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.

Jeffrey W. Bullock, Secretary of State

Authentication: 204197003

Date: 12-12-19



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 13, 2020

CHRISTIAN KJAER
200 JOHN ROBERTS ROAD
SOUTH PORTLAND, ME 04106 US

SUBJECT: ELLEVET SCIENCES, LLC
Ref. Number: W20000027134

We have received your document for ELLEVET SCIENCES, 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):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$638.75.

Please return 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) 245-6052.

Tacarri K Glass
Regulatory Specialist II

Letter Number: 720A00005617

RECEIVED
APR 20 2020