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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

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

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### Foreign Limited Liability Company NVA VIRGINIA EQUINE VETERINARY MANAGEMENT, LLC

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## 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. NVA Virginia Equine V	Veterinary Management, LLC Limited Liability Company, must include "Limited						
(Name of Foreign	Limited Liability Company, must include "Limited	Liabilit	Сстрапу," "	L L C ," er "LLC	(*)		
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in Flo	orida, The	alternate name n	nust include "Limite	ed Liability Company, "Li	. C," or "LLC ")	
Virginia 2.		3	85-2269822				
(Junsdiction under the law of which foreign limited liability company is organized)			(Fill number, if applicable)				
4							
	(Date first transacted business in Florida, if prior to s (See sections 605,0904 & 605,0905, F.S. to determine	registration ne penalty	i.) liability)		<del></del>		
29229 Canwood Street, Suite 100		6	29229 Canwood Street, Suite 100				
O. (Street Address of Frincipal Office)		0.	(Mading	Address)			
Agoura Hills, CA 91301			Agoura Hills, CA 91301				
					-		
7. Name and street address	ss of Florida registered agent: (P.O. Box	<u>NOT</u>	acceptable)		جبع وسد		
					ZDZD NEG	77	
Name.	Corporation Service Company						
	1201 Hays Street				100 mg	:1	
Office Address.						مديد مميا	
	Tallahassee		, Flo	32301 orida			
	(City)			(Zip cod	(k) s	لا	

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)

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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:	Title or Capacity	<u>:</u>	Name and Address:
<b>≣</b> Manager	Name: Gregory W. Hartmann	□Manager	Name.	
□Member	Address. 29229 Canwood St., Suite 100	□Member	Address:	
□Authorized	Agoura Hills, CA 91301	□Authorized		
Person		Person		
Othei	□Other	□Other	<del></del>	□Other
□Manager	Name:	∏Manager	Name:	
□Member	Address:	□Member	Address:	<u> </u>
☐ Authoriz <b>e</b> d		□Authorized		
Person		Person		<u> </u>
□Other	Other	Other		□Other
□Manager	Name	□Manager	Name.	
□Member	Address.	□Member	Address.	
□Authorized		□Authorized		
Person		Person		
Other	Other	□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 onth 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.

Eric Smith	
Signature of an authorized person	<del></del>
Eric A. Smith, General Counsel	
Typed or printed name of signee	H20000292452 3

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# Common brealth of Hirginia



## State Corporation Commission

#### CERTIFICATE OF FACT

1 Certify the Following from the Records of the Commission:

That NVA Virginia Equine Veterinary Management, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the limited liability company was formed on July 28, 2020; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

August 27, 2020

Bernard J. Logan, Interim Clerk of the Commission

CERTIFICATE NUMBER: 2020082114848260