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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 3230 Phone: 850-558-1500

ACCOUNT	NO.	:	I20000000195
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REFERENCE : 518976 4

AUTHORIZATION: Spelle Con .

COST LIMIT : \$ 125~00

ORDER DATE: November 17, 2020

ORDER TIME : 3:22 PM

ORDER NO. : 518976-005

CUSTOMER NO: 4804708

FOREIGN FILINGS

NAME: VETSERVICES LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson .-- EXT# 62968

EXAMINER:

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		, C	OVER LETTER	- 1	
	ration Section in of Corporations	•			
DIVISIO	in or corporations				
V	etServices LLC	•			
UBJECT: _			. et 1 5 11 14 15 17 17		-
		Name o	of Limited Liability C	ompany	
The enclosed "A Existence, and o	Application by Foreign theck are submitted t	n Limited Liability Coi o register the above refe	inpany for Authorizat crenced foreign limit	ion to Transact Business in Florida ed liability company to transact bus	." Certificate of iness in Florid
lease return all	Correspondence cor	cerning this matter to the	he following:		
	Emily Indig				
			Name of Person		
	Seward & Kissel	LLP			
			Firm/Company		_
	Oue Battery Park	Plaza			
	 _		Address		-
	New York, NY 19	0004			
		City	/State and Zip Code	<u> </u>	_
	brian@cavanaughp	artners.com		•	
		E-mail address: (to be u	sed for future annual	report notification)	
or further info	mation concerning	his matter, please call:			
Emily	Indig		212 at (574-1680	
	Name of	Contact Person	Area Code	Daytime Telephone Number	, .
31 4 11	ING ADDRESS:			STREET ADDRESS:	() ()
	on of Corporations			Division of Corporations	
	ration Section			Registration Section	
	Box 6327			Clifton Building	~ .
	nassee, FL 32314			2661 Executive Center Circle Tallahassee, FL 32301	
Rasla	sed is a check for the	following amount:			- . •
Please	make check payable	to: FLORIDA DEPA	RTMENT OF STA	ΓE)
	125,00 Filing Fee	S130.00 Filing Fe	_	Filing Fee & S160.00 Filin	ig Fee, Certific
	120,000 1 11112 1 00	Conificate of		ed Copy of Status & C	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 665-002. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: VerServices LLC (Name of Forcign Limited Fiability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, error alternate name adopted for the purpose of transacting courses in Florida. The alternate name must unclade "Euroned France Forman," "L. C. or "LLC") Delaware (high accions under the law of which foreign limited liability contrains in organized) (Date first frameeted bismoss in Florida, if prior to registration) (See scorings 605,0904 & 505,6905, F.S. to difference penalty fashibite) 1214 Palm Trail 1214 Palm Trail (Street Address of Principal Office) - Manery Address) Delray Beach, Florida 33483 Delray Beach, Florida 33483 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: l'allahas see . Florida 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.

Amanda Robinson Asst. Vice President 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:	Name and Address:
Manager	Name: Brian Cavanaugh	Manager	Name: Carson Taylor
Monther	Address:	Member	Address: 550 Vanderbilt Avenue
Authorized	Delray Beach, Florida 33483	Authorized	Apartment 727
Person		Person	Brooklya, NY 11238
Other	Other	Other	Other
☐Manager	Name: Alan Ellman	☐ Manager	Name:
Member	Address: 126 West 22nd Street	Member	Address:
Authorized	Unit 2	☐ Authorized	
Person	New York, NY 10011	Person	
Other	Other	Other	Other
∐Manager	Name:	Manager	Name:
□Member	Address:	Member	Address:
□Authorized		Authorized	
Person		Person	
Other	_	Other	Ouer

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.

Brian Cavanaugh

Signature of an authorized period

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "VETSERVICES 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 SEVENTEENTH DAY OF NOVEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VETSERVICES LLC"

WAS FORMED ON THE SIXTEENTH DAY OF NOVEMBER, A.D. 2020.

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

Authentication: 204099515

Date: 11-17-20