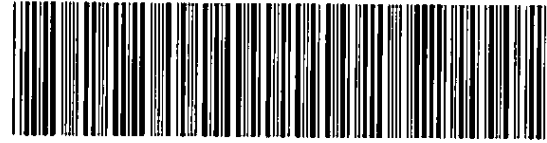


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PERFORMER

CALL CENTER

(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

S. FRANKLIN

SEP 20 2022

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 960203 4304045

AUTHORIZATION



COST LIMIT : \$ 125.00

ORDER DATE : September 16, 2022

ORDER TIME : 9:03 AM

ORDER NO. : 960203-005

CUSTOMER NO: 4304045

2022-09-19 PM 1:08

FOREIGN FILINGS

NAME: AVPM FL 15 LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AVPM FL PC 15 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:

Rebecca Saferstein, Senior Paralegal
Name of Person

Arnall Golden Gregory LLP
Firm/Company

171 17th ST., NW, STE 2100
Address

Atlanta, GA 30363
City/State and Zip Code

csaucier@amerivet.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rebecca Saferstein, Senior Paralegal 404 870-5604
Name of Contact Person at () 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

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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. AVPM FL 15 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 (Jurisdiction under the law of which foreign limited liability company is organized)
3. (FEI number, if applicable)

4. 08/10/2022
(Date first transacted business in Florida, if prior to registration. See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 8620 N. New Braunfels Ave, Ste. 501 (Street Address of Principal Office)
6. 8620 N. New Braunfels Ave, Ste. 501 (Mailing Address)

San Antonio, TX 78217 San Antonio, TX 78217

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

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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.

Corporation Service Company

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: AmeriVet Partners
 Member Address: Management, Inc.
8620 N. New Braunfels Ave, Ste 501
 Authorized Person San Antonio, TX 78217
 Other _____ Other _____

Title or Capacity: **Name and Address:**
 Manager Name: Michael S. Canfield,
 Member Address: D.V.M., P.A.
7741 Congress St
 Authorized Person New Port Richey, FL 34653
 Other _____ Other _____

Manager Name: Animal Dermatology South,
 Member Address: Limited Liability Company
7741 Congress St
 Authorized Person New Port Richey, FL 34653
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Other _____ Other _____

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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.

Joseph M. Shikorsky

Signature of an authorized person

Joseph Shikorsky

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AVPM FL 15 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 TENTH DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AVPM FL 15 LLC" WAS FORMED ON THE TENTH DAY OF AUGUST, A.D. 2022.

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

2022 SEP 19 PM 1:19




Jeffrey W. Bullock, Secretary of State

6960258 8300

SR# 20223232224

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

Authentication: 204134189

Date: 08-10-22