

10/21/22, 12:07 PM

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

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From:

Account Name : C T CORPORATION SYSTEM
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Phone : (954)208-0845
Fax Number : (614)573-3996

****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
PARTNERS ANIMAL HOSPITAL TAMPA LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
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S. ROBERTS

OCT 21 2022

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. PARTNERS ANIMAL HOSPITAL TAMPA 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. ILLINOIS

(Jurisdiction under the law of which foreign limited liability company is organized;

3. _____

(FEI number, if applicable)

4. _____

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability.)

8983 RACE TRACK ROAD

5. _____
(Street Address of Principal Office)

1699 WALL STREET, SUITE 718

6. _____
(Mailing Address)

TAMPA, FLORIDA 33635

MT. PROSPECT, IL 60056

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

Name: C T Corporation System

Office Address: 1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL

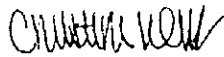
(City)

33324

Florida _____
(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)

Christine Kelm - Assistant Secretary

2022 OCT 21 AM 9:50

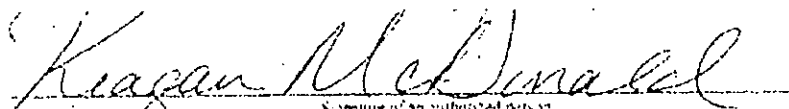
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>REAGAN MCDONALD</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>1699 WALL ST STE 718</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>MT. PROSPECT, IL 60056</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	 Name: <u>SCOTT PETEREIT</u>	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: <u>1699 WALL ST STE 718</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>MT. PROSPECT, IL 60056</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	 Name: <u>JOE WHALEN</u>	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: <u>1699 WALL ST STE 718</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>MT. PROSPECT, IL 60056</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

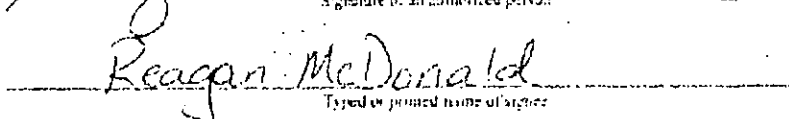
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 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



 Typed or printed name of signer

File Number

1176269-7



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

PARTNERS ANIMAL HOSPITAL TAMPA LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON APRIL 28, 2022, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 11TH
day of OCTOBER A.D. 2022 .***

Jesse White

SECRETARY OF STATE