

M22000017081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

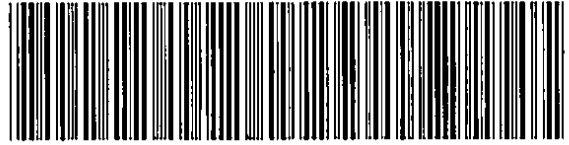
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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STATE OF MISSISSIPPI  
FALL ARKASSEE 11 001007

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K. SALY

NOV 10 2022

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

ACCOUNT NO. : I20000000195  
REFERENCE : 094497 7289822  
AUTHORIZATION :   
COST LIMIT : \$ 125.00

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ORDER DATE : November 2, 2022  
ORDER TIME : 1:27 PM  
ORDER NO. : 094497-085  
CUSTOMER NO: 7289822

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FOREIGN FILINGS

NAME: NVA RE, 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: Alexxis Weiland -- EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: NVA RE, 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:

ASHLEY MCCORD

\_\_\_\_\_  
Name of Person

NATIONAL VETERINARY ASSOCIATES

\_\_\_\_\_  
Firm/Company

29229 CANWOOD STREET, SUITE 100

\_\_\_\_\_  
Address

AGOURA HILLS, CA 91301

\_\_\_\_\_  
City/State and Zip Code

ASHLEY.MCCORD@NVA.COM

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

For further information concerning this matter, please call:

ASHLEY MCCORD

818

930-8066

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. NVA RE, 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. 83-3160863  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 11/15/2022  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 29229 CANWOOD STREET 6. 29229 CANWOOD STREET  
(Street Address of Principal Office) (Mailing Address)

SUITE 100 SUITE 100

AGOURA HILLS, CA 91301 AGOURA HILLS, CA 91301

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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TALLAHASSEE, 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.

Corporation Service Company  
By: Alexis Weibull, assistant vice president  
(Registered agent's signature)

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 type="checkbox"/> Manager		NATIONAL VETERINARY ASSOCIATES, INC.		<input type="checkbox"/> Manager		ERIC A. SMITH	
<input checked="" type="checkbox"/> Member		Name: _____		<input type="checkbox"/> Manager		Name: _____	
		Address: 29229 CANWOOD STREET		<input type="checkbox"/> Member		Address: 29229 CANWOOD STREET	
<input type="checkbox"/> Authorized		SUITE 100		<input checked="" type="checkbox"/> Authorized		SUITE 100	
Person		AGOURA HILLS, CA 91301		Person		AGOURA HILLS, CA 91301	
<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____		<input checked="" type="checkbox"/> Other SECRETARY		<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 _____	
<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 _____	

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.

*Eric Smith*

\_\_\_\_\_  
Signature of an authorized person

ERIC A. SMITH, SECRETARY

\_\_\_\_\_  
Typed or printed name of signer

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STATE DEPT. FLORIDA  
TALLAHASSEE, FL 32399

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NVA RE, 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 SECOND DAY OF NOVEMBER, A.D. 2022.

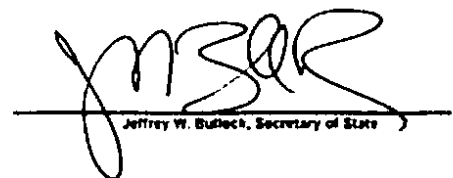
AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NVA RE, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF SEPTEMBER, A.D. 2018.

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

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STATE OF DELAWARE  
TALLAHASSEE, FLORIDA

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Jeffrey W. Bullock, Secretary of State

7074134 8300

SR# 20223919125

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204760017

Date: 11-02-22