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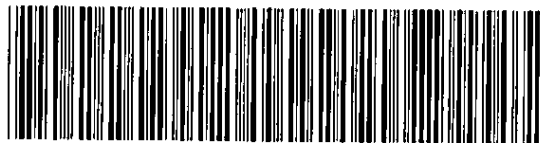
(Business Entity Name)

(Document Number)

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T. LEMIEUX

OCT 24 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Abrahamson Kennel 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:

Susan M Broski
Name of Person

Abrahamson Kennel LLC
Firm/Company

400 Morton Ave
Address

Mandeville, WV 26041
City/State and Zip Code

susan.broski@abrahamcompanyllc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan Broski at (304) 845-7914
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**



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 12, 2023

SUSAN BROSKI
400 MORTON AVE
MANDSVILLE, WV 26041

SUBJECT: ABRAHAMSON KENNEL LLC
Ref. Number: W23000117180

We have received your document for ABRAHAMSON KENNEL LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 323A00020069

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. Abrahamson Kennel 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. West Virginia
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 26-3704631
(FEI number, if applicable)

4. 1/1/2015
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 400 Morton Ave
(Street Address of Principal Office)

6. 400 Morton Ave
(Mailing Address)

Moundsville WV 26041

Moundsville WV 26041

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

Name: Neil Abrahamson

Office Address: 18993 108th Trail

Live Oak, Florida 32060
(City) (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.

Neil Abrahamson

(Registered agent's signature)

2015 Nov 24 A 11:15

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: Neil Abrahamson

☒ Member Address: 400 Morton Ave

☐ Authorized Moundsville WV

Person 260041

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Janice Abrahamson

☒ Member Address: 400 Morton Ave

☐ Authorized Moundsville WV

Person 260041

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ 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 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.

Neil Abrahamson

Signature of an authorized person

Neil Abrahamson

Typed or printed name of signer

State of West Virginia



Certificate

*I, Mac Warner, Secretary of State of the State of
West Virginia, hereby certify that*

ABRAHAMSON KENNEL, LLC

made application to the West Virginia Secretary of State's Office to be a registered limited liability company in the State of West Virginia on November 14, 2008. The application was received and found to conform to law.

The company is filed as an at-will company, for an indefinite period.

I further certify that the company has not been revoked or administratively dissolved by the State of West Virginia nor has the West Virginia Secretary of State issued a Certificate of Cancellation or Termination to the company.

Accordingly, I hereby issue this Certificate of Existence

CERTIFICATE OF EXISTENCE

Validation ID:8WV3H_24BGM

*Given under my hand and the
Great Seal of the State of
West Virginia on this day of
October 24, 2023*



Mac Warner

Secretary of State