

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

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Account Name : FISHER, TOUSEY, LEAS & BALL
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****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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SECRETARY OF STATE
TALLAHASSEE, FL

Foreign Limited Liability Company
Atlantic Coast Veterinary Specialist Hospital, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2024 OCT 23 12:46

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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. ATLANTIC COAST VETERINARY SPECIALIST HOSPITAL, 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. 88-1927816

(FEI number, if applicable)

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

5. 4080 MCGIRTS BOULEVARD

(Street Address of Principal Office)

6. 4080 MCGIRTS BOULEVARD

(Mailing Address)

JACKSONVILLE, FLORIDA 32210

JACKSONVILLE, FLORIDA 32210

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

Name: OLGA WALKER

Office Address: 4080 MCGIRTS BOULEVARD

JACKSONVILLE

(City)

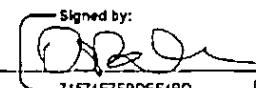
32210

(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.

Signed by:



71571E7FBDEF4BD...

(Registered agent's signature)

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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: MARK C. WALKER

☐ Member Address: 4080 MCGIRTS BOULEVARI

☐ Authorized JACKSONVILLE, FLORIDA 32210

☐ Person

☐ Other ☐ Other

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

☒ Manager Name: OLGA WALKER

☐ Member Address: 4080 MCGIRTS BOULEVARI

☐ Authorized JACKSONVILLE, FLORIDA 32210

☐ 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

☐ Manager Name:

☐ Member Address:

☐ Authorized

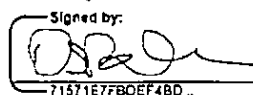
☐ Person

☐ 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.

Signed by: 

71571E7FB0EF4BD..

Signature of an authorized person

OLGA WALKER, as Manager

Typed or printed name of signer

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Delaware

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The First State

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

DELAWARE, DO HEREBY CERTIFY "ATLANTIC COAST VETERINARY SPECIALIST

HOSPITAL, 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 TWENTY-THIRD DAY OF

OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ATLANTIC COAST


VETERINARY SPECIALIST HOSPITAL, LLC" WAS FORMED ON THE THIRTY-FIRST

DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN

PAID TO DATE.




Jeffrey W. Bullock, Secretary of State

6709555 8300

SR# 20244024801

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

Authentication: 204702504

Date: 10-23-24

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