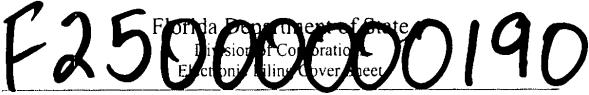
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Division of Corporations



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licensing@lakefieldvet.com Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION LAKEFIELD VETERINARY GROUP, INC.

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: - Page: 3 of 5 2025-01-09 07:55:42 PST 19548277645 From: Keity Toon

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	Lakefield Veterinary Group, Inc.				
		orporation; must include "INCORPORATEI orp," "Inc." "Co." or "Corp.")	O," "COMPAN	YY," "CORPORATION,"	-
	(If name unavail	able in Florida, enter alternate corporate nam	e adopted for th	he purpose of transacting bu	siness in Florida)
2.	Delaware	•	}		
-	(State or countr	y under the law of which it is incorporated)	·	(FEI number, if applica	ble)
4.	01/23/2013	5).		
٠,	(Date of incorporation) 5.		(Da	(Date of duration, if other than perpetual)	
6.					
_	19717 62nd Ave	(Date first transacted business (SEE SECTIONS 607.1501 & 607. S, Suite F-103, Kent, Washington 98032			
1			ffice <u>street</u> add	ress)	
		(Current mail	ing address, if	different)	
8.	Name and street	et address of Florida registered agent: (P C T Corporation System		_acceptable)	Edeo (1811)
OI	Mice Address:	1200 South Pine Island Road			<u>a</u>
		Plantation	FL	33324	
		(City)	 •	(Zip code)	చ్ ఆ
۵	Danietawał am	until manustrania			ਰਾ

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

	eigh hebror	Eric J. Carlson; Assistant Secretary
By:	0	
	((Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

Page: 4 of 5 2025-01-09 07:55:42 PST 19548277645 A. DIRECTORS Rob Fetherstonhaugh Mollie Hoff Chairman Name: __ □ Chairman Name: Address: 19717 62nd Ave S, Suite F-103 19717 62nd Ave S, Suite F-103 □Vice Chairman Address: □ Vice Chairman Kent, Washington 98032 Kent, Washington 98032 ■ Director 36 Director □President **X**iPresident □ Vice President ______ □ Vice President □Treasurer **▼**Secretary **▼**Treasurer ☐ Secretary Other _____ □Other _____ Other _____ □ Other _____ Bob Barton Alexandre Desmarais Chairman □ Chairman 19717 62nd Ave S. Suite F-103 19717 62nd Ave S, Suite F-103 Address: _ Address: __ □Vice Chairman □Vice Chairman Kent, Washington 98032 Kent, Washington 98032 Director **X** Director □ President □ President □Vice President □ Vice President □ Secretary □Treasurer ☐ Secretary □Treasurer CFO Mai Other ____ Other ____ Other □Other _____ Steve Faraone Name: Mark McConnell □ Chairman Name: □ Chairman 19717 62nd Ave S, Suite F-103 19717 62nd Ave S, Suite F-103 □Vice Chairman Address: □Vice Chairman Address: _ Kent, Washington 98032 Kent, Washington 98032 Director ▼ Director ☐ President ☐ President □Vice President □Vice President ☐ Secretary Treasurer ☐ Secretary ☐ Treasurer MOther CMO □Other _____ □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.

Mollie Hoff
12. Maltie Hoff (Jan 7, 70/5) (7,33 EST)

Signature of Director or Othicer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

Mollie Hoff, President and CEO

(Typed or printed name and capacity of person signing application)



Page 1

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

DELAWARE, DO HEREBY CERTIFY "LAKEFIELD VETERINARY GROUP, INC." IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF JANUARY, A.D.

2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

Authentication: 202647134

Date: 01-08-25