

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL 7-16-49, the undersigned foreign limited liability company hereby

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applies for a Certificate of Registration to transact obsiness in t purpose submits the following statement:	ile State OF MICOG Island, and		
The name of the limited liability company is:			
Butler Animal Health Supply, LLC			
Is this company organized in its state or country of formation a	as a low-profit limited liability o	ompany? Yes No 🗸	
The name, if different, under which it proposes to register and	transact business in Rhode Is	sland is:	
The LLC is organized under the laws of: Delaware	<u>. </u>		
3. The date of its organization is: 03-31-2005		· · · · · · · · · · · · · · · · · · ·	
And the period of its duration is: CHECK ONE BOX ONLY			
Perpetual (on-going)			
Date certain for dissolution			
4. The name and address of the resident agent/office in Rhod	e Island is:		
Agent Name Corporation Service Company			
Street Address (NOT a P.O. Box) 222 Jefferson Boulevard,	Suite 200		
City/Town Warwick	State RHODE ISLAND	Zip Code 02888	
5. The purpose or purposes which it proposes to pursue in the	e transaction of business in Rh	node Island are:	
Sale and Distribution of Veterinary and Animal Health products.			
		_	
	Check the be	ox to indicate an attachment 🔲	

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri gov FILED 11:59

FEB 27 2018

Revised: 11/2017

The RI Department of State is appointed any time, there is no resident agent or if the diligence.	d the agent of the foreign limited liability company for service of process if, at e resident agent cannot be found or served following the exercise of reasonable
7. The address of the office required to be if not so required, of the principal office of	maintained in the state or country of its organization by the laws of that state or, the foreign limited liability company is:
400 Metro Place North, Dublin, Ohio 43	017
8. The mailing address for the limited liabil	ity company is:
400 Metro Place North, Dublin, Ohio 43	3017
9. Management of the Limited Liability Cor	npany:
The Limited Liability Company Is to be ma	naged by: CHECK ONLY ONE BOX
☑ By its members (If you have checked)	this box, go to Section 9. (DO NOT fill out the chart below.)
By one (1) or more managers (List managers below)	
MANAGER	ADDRESS
	to the state of a stat
10. This application must be accompanied formation dated within 60 days of the date	by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of of filing.
11. Date when this application for Certifica	te of Registration will be effective: CHECK ONE BOX ONLY
✓ Date received (Upon filing)	
Later effective date (Date must be no	more than 30 days from the date of filing)
Under penalty of perjury, I declare and affi accompanying attachments, and that all s	rm that I have exemined this Application for Registration, Including any latements contained herein are true and correct.
Type or Print Name of LLC	Date
sean Henderson Butler Animal Health Supply, LLC 3/26/18	
Signature of Authorized Person	CHORACO MATERIAL COLLA
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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BUTLER ANIMAL HEALTH SUPPLY, 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 FEBRUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BUTLER ANIMAL HEALTH SUPPLY, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF MARCH, A.D. 2005.

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

3947992 8300 SR# 20181269800

Date: 02-23-18

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

Authentication: 202201490