

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, the undersigned foreign corporation hereb
applies for a Certificate of Authority to transact business in the State of Rhode Island, and
for that purpose submits the following statement:

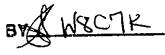
or that purpose submits the following statement:	ess in the State of Rhode Island	, and			
1. The name of the corporation is: VetIQ Staffing, Inc.					
2. It is incorporated under the laws of: Delaware					
The name, if different, which it elects to use in Rh					
(a) If the name of the corporation in its jurisdiction o "incorporated", or "limited," or an abbreviation there above corporate endings for use in Rhode Island:	f incorporation does not contain of, then list the name of the corp	the word "corporation", "company", poration with the addition of one of the			
(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:					
4. The date of its incorporation is: October 9, 2017					
And the period of its duration is: CHECK ONE BOX Perpetual (on-going)	ONLY				
Date certain for dissolution					
5. The address of its principal office is: 10000 N. Expy., Suite 925 Dallas, TX 75231					
5. The name and address of the initial registered ag	ent/office in Rhode Island:				
Agent Name Capitol Corporate Services, Inc					
Street Address (<u>NOT</u> a P.O. Box) 222 Jefferson	Blvd Ste 200				
City/Town Warwick	State RHODE ISLAND	Zip Code 02888			

MAIL TO:

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

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

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			transaction of business in Rhode Island are:		
To perform veterinary relief staffing services and any business ancillary thereto.					
8. (a) The names and re state or country of which	espective addre	esses of its directors (op	otional, unless directors are required under the laws of the		
NAME			ADDRESS		
George Hargrave 10000 N. Exp		10000 N. Expy., S	Suite 925 Dallas, TX 75231		
Livingston Kosberg 10000 N		10000 N. Expy., S	N. Expy., Suite 925 Dallas, TX 75231		
Scott Nichols 10		10000 N. Expy., Suite 925 Dallas, TX 75231			
0.457			Check the box to indicate an attachment		
8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):					
OFFICE		NAME	ADDRESS		
PRESIDENT	Elise Burn	s	10000 N. Expy., Suite 925 Dallas, TX 75231		
VICE PRESIDENT					
TREASURER	Scott Nichols		10000 N. Expy., Suite 925 Dallas, TX 75231		
SECRETARY	Scott Nichols		10000 N. Expy., Suite 925 Dallas, TX 75231		
			Check the box to indicate an attachment		
par value, and series, if	er of shares wh any, within a c	nich it has authority to is lass, is:	sue; itemized by classes, par value of shares, shares without		
NUMBER OF SHARES			SERIES PAR VALUE OR STATE NO PAR VALUE		
10. An estimate, as a per located within this state the following year, where	during the follo	wing year bears to the	stimated value of the property of the corporation to be value of all property of the corporation to be owned during ned from worksheet.)		
at or from places of busi	ness in Rhode	Island during the follow	iss amount of business to be transacted by the corporation ing year compared to the gross amount thereof which will be Percentage obtained from worksheet.)		

12. This application must be accompanied by a <u>Certificate of Good</u> formation dated within 60 days of the date of this filing.	d Standing/Letter of Status from the state or country of
13. Date when the Certificate of Authority will be effective: CHECK	ONE BOX ONLY
☐ Date received (Upon filing)	
Later effective date (Date must be no more than 90 days from	the date of filing)
Under penalty of perjury, I declare and affirm that I have examined accompanying attachments, and that all statements contained her	this Application for Certificate of Authority, including any ein are true and correct.
Type or Print Name of Authorized Officer	Date
George Haggagase	9-3-19
Signature of Authorized Office Corporation SIGN BOCUMEN	IT HERE



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

DELAWARE, DO HEREBY CERTIFY "VETIQ STAFFING, 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 SIXTEENTH DAY OF AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VETIQ STAFFING, INC." WAS INCORPORATED ON THE NINTH DAY OF OCTOBER, A.D. 2017.

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

at coro delaware soy/auti

6573665 8300 SR# 20196550963

Authentication: 203420340

Date: 08-16-19