



State of Rhode Island
Department of State - Business Services Division

25
MAR 26 2025
12:01 PM

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 hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is:		
Roo Veterinary, Inc.		
2. It is incorporated under the laws of:		
Delaware		
3. The name, if different, which it elects to use in Rhode Island is:		
(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:		
(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:		
November 19, 2018		
And the period of its duration is: CHECK ONE BOX ONLY		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution _____		
5. The address of its principal office is:		
595 Pacific Ave., 4th Fl., San Francisco, CA 94133		
6. The name and address of the initial registered agent/office in Rhode Island:		
Agent Name Corporation Service Company		
Street Address (<u>NOT</u> a P.O. Box) 222 Jefferson Boulevard, Suite 200		
City/Town	State	Zip Code
Warwick	RHODE ISLAND	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

FILED

MAR 26 2025
 BY VSSW1

AA. 12:01 pm.

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

Staffing services for veterinary professionals.

8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated):

NAME	ADDRESS
Daniel Leffel	595 Pacific Ave., 4th Fl., San Francisco, CA 94133
R. Ann Miura-Ko	595 Pacific Ave., 4th Fl., San Francisco, CA 94133
David Murvin	595 Pacific Ave., 4th Fl., San Francisco, CA 94133
David Strauss	595 Pacific Ave., 4th Fl., San Francisco, CA 94133
Victor Echevarria	595 Pacific Ave., 4th Fl., San Francisco, CA 94133

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 AND CEO	Daniel Leffel	595 Pacific Ave., 4th Fl., San Francisco, CA 94133
VICE PRESIDENT		
TREASURER	Daniel Leffel	595 Pacific Ave., 4th Fl., San Francisco, CA 94133
SECRETARY	Daniel Leffel	595 Pacific Ave., 4th Fl., San Francisco, CA 94133

Check the box to indicate an attachment ☐

9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
[PLEASE SEE EXHIBIT A ATTACHED HERETO]			

10. An estimate, **as a percentage**, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.)

0 %

11. An estimate, **as a percentage**, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)

0.045 %

EXHIBIT A
TO
RHODE ISLAND APPLICATION FOR CERTIFICATE OF AUTHORITY
OF
ROO VETERINARY, INC.

NO. AUTHORIZED	CLASS	SERIES	PAR VALUE
3,500,000	Common	N/A	\$0.001
7,500	Preferred Stock	Series Seed Non-Convertible	\$0.001
650,000	Preferred Stock	Series Seed Convertible	\$0.001
367,724	Preferred Stock	Series Seed-2	\$0.001
462,525	Preferred Stock	Series Seed-3	\$0.001
615,323	Preferred Stock	Series A	\$0.001
271,463	Preferred Stock	Series A-1	\$0.001
125,000	Preferred Stock	Series A-2	\$0.001

12. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of this filing.

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) _____

14. *Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.*

Type or Print Name of Authorized Officer

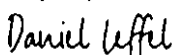
Daniel Leffel

Date

3/7/2025

Signature of Authorized Officer of the Corporation

Signed by:

 Daniel Leffel

Delaware

The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ROO VETERINARY, 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 TWELFTH DAY OF MARCH, 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 SAID "ROO VETERINARY, INC." WAS INCORPORATED ON THE NINETEENTH DAY OF NOVEMBER, A.D. 2018.

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



7157219 8300

SR# 20251034247

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

A handwritten signature in black ink, reading "C. P. Sanchez".

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203151275

Date: 03-12-25