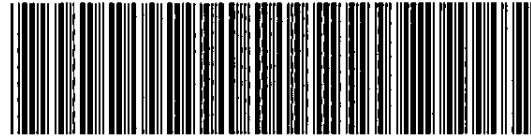


# F11000003407



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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

ADDED "INC." TO NAME ON  
LINE #1. ALSO ERASED "N/A"  
AND REPLACED WITH "PERPETUUM"  
ON LINE #5. PER TELEPHONE  
CONVERSATION W/ W. ELIA.

08/23/11 *TL*

Office Use Only

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11 AUG 19 AM 11:14  
SECRETARY OF STATE  
HALLMAN, SHERIEE, FLORIDA

*TL 08/23/11*

W11-32090



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 13, 2011

WALTER ELIA  
PO BOX 318  
CHAPPAQUA, NY 10514

SUBJECT: NORMANDIE CONNECTION LTD  
Ref. Number: W11000032090

We have received your document for NORMANDIE CONNECTION LTD and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., ~~COMPANY~~, CO., INC., and INCORPORATED.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6949.

Thomas Chang  
Regulatory Specialist II

Letter Number: 011A00014404

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Normandie Connections Ltd  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Walter Elia  
Name of Person

Bruce Oberfest & Associates  
Firm/Company

PO Box 318  
Address

Chappaqua, NY 10514  
City/State and Zip code

walt@obebobe.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Walter V. Elia at ( 914 ) 238-3800  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

**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. Normandie Connection Ltd., INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New York

(State or country under the law of which it is incorporated)

3. 32-0311071

(FEI number, if applicable)

4. May 11, 2010

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. June 1, 2011

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 11924 Suite 22 Forest Hill Blvd #135, Wellington, FL 33414

(Principal office address)

11924 Suite 22 Forest Hill Blvd #135, Wellington, FL 33414

(Current mailing address)

8. Horse Training & Sales

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: Marie Hecart

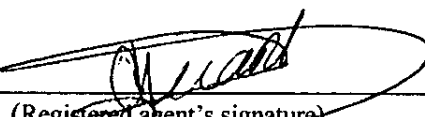
Office Address: 3368 Old Hampton Drive

Wellington, Florida 33414  
(City) (Zip code)

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11 AUG 19 AM 11:14  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

10. **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.*



(Registered agent's signature)

11. 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.

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Marie Hecart

Address: 3368 Old Hampton Drive

Wellington, FL 33414

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Marie Hecart

Address: 3368 Old Hampton Drive

Wellington, FL 33414

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Marie Hecart

Address: 3368 Old Hampton Drive

Wellington, FL 33414

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Marie Hecart

Address: 3368 Old Hampton Drive, Wellington, FL 33414

Treasurer: Marie Hecart

Address: 3368 Old Hampton Drive, Wellington, FL 33414

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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.

14. Marie Hecart

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

RECEIVED  
MAY 19 11 14  
FLORIDA  
DEPARTMENT OF STATE

State of New York  
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of NORMANDIE CONNECTION LTD. was filed on 05/11/2010, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



FILED  
11 AUG 19 AM 11:14  
SECRETARY OF STATE  
FALL PLAZA SEVEN FLORENDA

\*\*\*

*WITNESS my hand and the official seal of the Department of State at the City of Albany, this 02nd day of August two thousand and eleven.*

A handwritten signature in black ink, appearing to read "Neil A. ...", is written over a faint circular stamp.

First Deputy Secretary of State