

FIS 000003114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

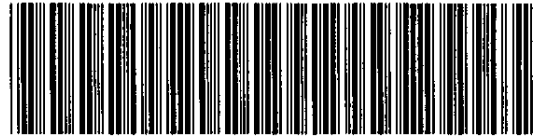
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000275041410

07/16/15--01025--020 **87.50

FILED
2015 JUL 16 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Cuffigan JUL 17 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PERFORMANCE SADDLERY, INC.
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:

DEBORAH L. WITTY
Name of Person

PERFORMANCE SADDLERY, INC.
Firm/Company

1586 GRANTHAM DRIVE
Address

WELLINGTON, FL. 33414
City/State and Zip code

INFO@PERFORMANCESADDLERY.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHARLES K. +
DEBORAH L. WITTY at (561) 855-6130
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration 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

State of New York
Department of State } **ss:**

I hereby certify, that the Certificate of Incorporation of PERFORMANCE SADDLERY, INC. was filed on 06/12/2008, 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.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 09th day of July two
thousand and fifteen.*

Anthony Scardino

Executive Deputy Secretary of State

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. PERFORMANCE SADDLERY, 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 3. 16-1364033 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6-12-2008 5. PERPETUAL (Date of incorporation) (Date of duration, if other than perpetual)

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

7. 1586 GRANTHAM DRIVE WELLINGTON, FL. 33414 (Principal office address)

(Current mailing address, if different)

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

Name: Les C. Shields

Office Address: 685 Royal Palm Beach Blvd. Suite 205

Royal Palm Beach, Florida 33414 (City) (Zip code)

FILED 2015 JUL 16 AM 11:39 SECRETARY OF STATE PALM BEACH, FLORIDA

9. 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.

Les C. Shields (Registered agent's signature)

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

A. DIRECTORS

Chairman: DEBORAH L. WITTY

Address: 1586 GRANTHAM DRIVE
WELLINGTON, FL. 33414

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: DEBORAH L. WITTY

Address: 1586 GRANTHAM DRIVE
WELLINGTON, FL. 33414

Vice President: _____

Address: _____

Secretary: CHARLES K. WITTY

Address: 1586 GRANTHAM DRIVE WELLINGTON, FL. 33414

Treasurer: ~~WITTY~~

Address: _____

FILED
2015 JUL 16 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

12. Deborah L. Wittty
Signature of Director or Officer

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.

13. DEBORAH L. WITTY - PRESIDENT
(Typed or printed name and capacity of person signing application)