

F17000002867  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000167365 3)))



H170001673653ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6383  
From: Account Name : REGISTERED AGENTS INC.  
Account Number : I20090000081  
Phone : (307)200-2803  
Fax Number : (855)330-1010

2017 JUN 23 PM 12:45  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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

RECEIVED  
2017 JUN 23 PM 12:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION  
HUMANE EQUINE AID & RAPID TRANSPORT, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

JUN 26 2017  
J. HARRIS

Electronic Filing Menu    Corporate Filing Menu    Help

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:*

1. HUMANE EQUINE AID & RAPID TRANSPORT, INC.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

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

2. DELAWARE 3. N/A  
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. JUNE 9, 2000 5. \_\_\_\_\_  
 (Date of Incorporation) (Date of duration, if other than perpetual)

6. N/A  
 (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 179 ACORN HILL DR, MADISON, VA 22727  
 (Principal office address)

(Current mailing address, if different)

8. SAFE AND HUMANE TRANSPORT OF HORSES  
 (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: NORTHWEST REGISTERED AGENT LLC  
 Office Address: 3030 N. ROCKY POINT DRIVE, SUITE 100  
 TAMPA, Florida 33607  
 (City) (Zip Code)

2011 JUN 23 PM 12:45  
 FILED  
 SECRETARY OF STATE  
 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.*

*Tom Glover*

\_\_\_\_\_  
 (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 addresses of officers and/or directors

**A. DIRECTORS**

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

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

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

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

Director: ROBIN SWEELY

Address: 179 ACORN HILL DR, MADISON, VA 22727  
\_\_\_\_\_

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

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

**B. OFFICERS**

President: ROBIN SWEELY

Address: 179 ACORN HILL DR, MADISON, VA 22727  
\_\_\_\_\_

Vice President: CARTER ISEMAN

Address: 179 ACORN HILL DR, MADISON, VA 22727  
\_\_\_\_\_

Secretary: SHARON MACDONALD


Address: 179 ACORN HILL DR, MADISON, VA 22727  
\_\_\_\_\_

Treasurer: TONY HITCHCOCK

Address: 179 ACORN HILL DR, MADISON, VA 22727  
\_\_\_\_\_

FILED  
2017 JUN 23 PM 12:45  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. TONY HITCHCOCK, TREASURER  
(Typed or printed name and capacity of person signing application)

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HUMANE EQUINE AID & RAPID TRANSPORT, 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 TWENTY-FIRST DAY OF JUNE, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HUMANE EQUINE AID & RAPID TRANSPORT, INC." WAS INCORPORATED ON THE NINTH DAY OF JUNE, A.D. 2000.

N:



3241673 8300C

SR# 20174869188

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202749814

Date: 06-21-17

13