

Document Number Only

F980000003581

C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, Florida 32301

City

State

Zip

Phone

904-222-1092

CORPORATION(S) NAME

900002570298--5

-06/24/98--01002--011

\*\*\*\*\*70.00 \*\*\*\*\*70.00

ACRES Wild FARMS, INC

☒ Profit

☐ NonProfit

☐ Limited Liability Company

☒ Foreign

☐ Limited Partnership

☐ Reinstatement

☐ Certified Copy

☐ Call When Ready

☒ Walk In

☐ Mail Out

☐ Amendment

☐ Dissolution/Withdrawal

☐ Annual Report

☐ Reservation

☐ Photo Copies

☐ Call if Problem

☐ Will Wait

☐ Merger

☐ Mark

☐ UCC FILING

☐ Other

☐ Change of R.A.

☐ Fictitious Name

☐ CUS/ G/S

☐ After 4:30

☒ Pick Up

RECEIVED

6/23

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Name
Availability
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Acknowledgment
W.P. Verifier

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Please call Jeff Butterfield  
if any problems/questions.

THANKS

98 JUN 23 PM 3:52  
TALLAHASSEE  
FLORIDA  
STATE

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TRANSACTION 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. Acres Wild Farm, Inc.

(Name of corporation: must include the word "INCORPORATED", "COMPANY", "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.)

2. Delaware

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

3. Applied For  
(FEI number, if applicable)

4. August 18, 1994  
(Date of incorporation)

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

6. New UPON QUALIFICATION  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.))

7. 108 Hawkins Street, P.O. Box 1688  
Plainville, MA 02762  
(Current mailing address)

8. Equestrian instruction and related activities and any other act or activity.  
(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:

Name: C T CORPORATION SYSTEM

Office Address: c/o C T Corporation System, 1200 South Pine Island Road

Plantation, Florida, 33324  
(Zip Code)

10. Registered agent 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 obligation of my position as registered agent.

C T CORPORATION SYSTEM  
Patricia A. Canario  
(Registered agent's signature) (Officer)

Special Agent & Secretary  
(Type Name and Title of Officer)

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FLORIDA

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 (Street address only - P.O. Box NOT acceptable)

Chairman: Jilluann Martin

Address: 108 Hawkins Street, P.O. Box 1688  
Plainville, MA 02762

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

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

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

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

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

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

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Jilluann Martin

Address: 108 Hawkins Street, P.O. Box 1688  
Plainville, MA 02762

Vice President: None

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

Secretary: Jilluann Martin

Address: 108 Hawkins Street, P.O. Box 1688  
Plainville, MA 02762

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Treasurer: Jilluann Martin

Address: 108 Hawkins Street, P.O. Box 1688  
Plainville, MA 02762

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

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

14. Jilluann Martin, President  
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE FLORIDA

*State of Delaware*  
*Office of the Secretary of State*

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ACRES WILD FARM, 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 TENTH DAY OF JUNE, A.D. 1998.

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



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SECRETARY OF STATE  
TALLAHASSEE FLORIDA



Edward J. Freel, Secretary of State

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AUTHENTICATION: 9129464

DATE: 06-10-98