

FO1000001563

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bridle Path Estates, 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", 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:

Thomas Arnett

(Name of Person)

Bridle Path Estates, Inc.

(Firm/Company)

100003878431--9

03/19/01 01156-007

*****87.50 *****87.50

280 Gulf Shore Dr. Unit 242

(Address)

Destin, FL 32541

(City/State and Zip code)

For further information concerning this matter, please call:

Karen Hughes Arnett

(Name of Person)

at (850) 650-7288

(Area Code & Daytime Telephone Number)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAR 19 PM 9:17

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STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

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

untw
3/23

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

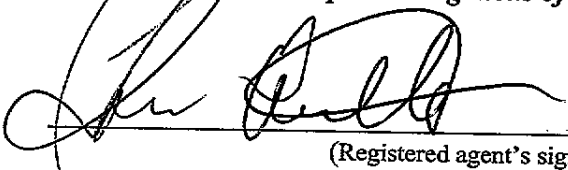
☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$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. Bridle Path Estates 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. Indiana 3. 35-1979735
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 3/06/96 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. upon qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 9683 W State Rd 110 Culver Indiana 46511
(Principal office address)
280 GULF Shore Dr, Unit 242, Destin FL 32541
(Current mailing address)
8. Manufactured housing Sales & all other legal purposes
(Purpose(s) of corporation authorized in home state of country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: Thomas Arnett
Office Address: 280 GULF Shore Dr, Unit 242
Destin, Florida 32541
(City) (Zip code)
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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Thomas Arnett

Address: 280 Gulf Shore Dr., Unit 242
Destin FL 32541

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Thomas Arnett

Address: 280 Gulf Shore Dr., Unit 242
Destin, FL 32541

Vice President: _____

Address: _____

Secretary: Thomas Arnett

Address: 280 Gulf Shore Dr., Unit 242, Destin, FL 32541

Treasurer: _____

Address: _____

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TALLAHASSEE, FLORIDA

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

13. [Signature]

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

14. Thomas Arnett President

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

**STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE**

To Whom These Presents Come, Greeting:

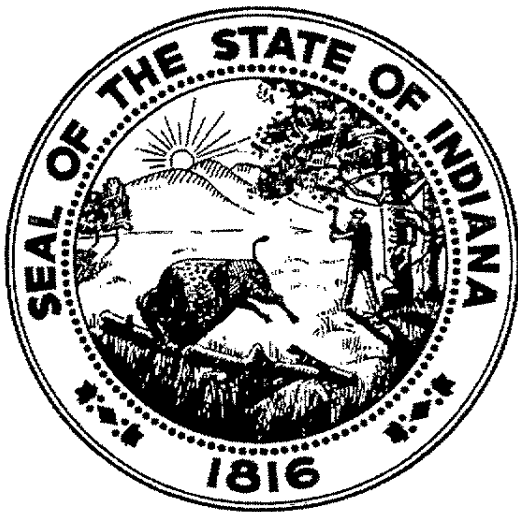
I, SUE ANNE GILROY, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

BRIDLE PATH ESTATES, INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on March 06, 1996, and was in existence or authorized to transact business in the State of Indiana on February 28, 2001.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Twenty-Eighth Day of February, 2001.

Sue Anne Gilroy

SUE ANNE GILROY, Secretary of State

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TALLAMAH