# F0700 0005320

(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



300008483303

10/22/02--01067--003 \*\*78.75

SEUNE PART OF STATE

02 0CT 22 AM 9: 21

\$ 1302

#### TRANSMITTAL LETTER

TO: Registration S Division of Co					
SUBJECT:	PARELLI NATURAL HORSE- (Name of corpor	-MAN-SHIP, INC. ation - must include suffix	)		
Dear Sir or Madam:	•	,	,		
	ation by Foreign Corporation ace", and check are submitted Florida.				
Please return all corre	spondence concerning this ma	atter to the following:			
Raul Carreras, J	r., Esquire				
	(Name	e of Person)			
Bond, Arnett, Ph	nelan, Smith ând Craqq (Firm/	(Company)		<del></del>	*
Post Office Box	2405				
	(A	.ddress)		TOE SE	22
Ocala, Florida 3	84478				007
	(City/Sta	ite and Zip code)		SE	22
For further informatio	n concerning this matter, pleas	se call:		SEF. FLORIDA	M 9: 2
Raul Carreras, 3	Jr., Esquire at ( 352	2 ) 622-1188		D'E.	
(Name of Per	son) (Are	ea Code & Daytime Telepl	none Number)		
STREET ADDRESS Registration Section Division of Corporatio 409 E. Gaines St. Tallahassee, FL 3239	ons	MAILING ADDRES Registration Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231	ons		
Enclosed is a check fo	r the following amount:				
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	S87.50 Filing 1 Certificate of Certified Con	Status &	&

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

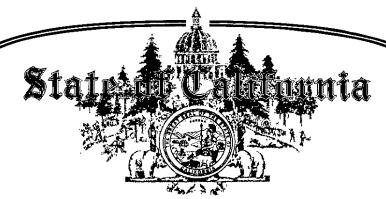
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. 1. PARELLI NATURAL HORSE-MAN-SHIP, INC. (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations 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.) (FEI number, if applicable) (State or country under the law of which it is incorporated) 4. <u>July 17, 1991</u> 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual") (Date of incorporation) 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. 56 Talisman Drive, Suite 6, Pagosa Springs, Colorado 81147 (Principal office address) Post Office Box 3729, Pagosa Springs, Colorado 81147 (Current mailing address) Transacting any and all lawful business as permitted under the laws of the g United States and the State of Florida (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 or Mail Drop Box NOT acceptable) Name: Raul Carreras, Jr., Esquire Office Address: 101 S.W. Third Street \_\_\_, Florida <u>34474</u> (Zip code) (City) 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.

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.

Registered agent's signature)

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

, A. DIRECTORS
Chairman:
Address:
Vice Chairman:
Address:
Director: Jack Pat Parelli
Address: 56 Talisman Drive, Suite 6
Pagosa Springs, Colorado 81147
Director: Linda Parelli
Address: 56 Talisman Drive, Suite 6
Pagosa Springs, Colorado 81147
B. OFFICERS
President: Mark Weiler
Address: 56 Talisman Drive, Suite 6
Pagosa Springs, Colorado 81147
Vice President:
Address:
Secretary: Mary Mingus
Address: 56 Talisman Drive, Suite 6, Pagosa Springs, Colorado 81147
Treasurer: Mary Mingus
Address: <u>56 Talisman Drive, Suite 6, Pagosa Springs, Colorado 81147</u>
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. Mark Weiler, President
(Typed or printed name and capacity of person signing application)



#### SECRETARY OF STATE

## CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, BILL JONES, Secretary of State of the State of California, hereby certify:

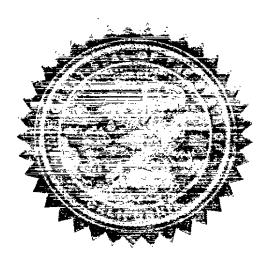
That on the 17th day of July, 1991, PARELLI NATURAL HORSE-MAN-SHIP became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of October 11, 2002.

BILL JONES
Secretary of State