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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of S	tatus
Special Instructions to Filing Officer:	
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: High Chaparrel, 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:
Rock T. Hubbard
(Name of Person)
B3B Property Magt (Firm/Company)
(Firm/Company)
2521 Pobbs Rd. ≥==
(Address)
St. augustine Fl 32066 TATE TO City/State and Zip code)
(City/State and Zip code)
For further information concerning this matter please call:
Rick T. Hubbard at (304) 829-3336.
(Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS: Registration Section Division of Corporations Pivision of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
☐ \$70.00 Filing Fee

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

IN COMPLIANCE WITH SECTION 607.1303, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
. High to Chaparrel, 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 or country under the law of which it is incorporated) 3. 12 - 388 2 1 96 (FEI number, if applicable)
4. 9-21-2001 5. PO P et was (Date of incorporation) 5. Duration: Year corp. will cease to exist or "perpetual")
6. 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. P.O. Box 9 2521 Pobbs Nd. St Augustine Fl (Principal office address) 32086
P.O. Box 9 West I Slip, NY 11795 (Current mailing address)
8. <u>Netall Sales Commercial Rotals</u> (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: Rick T. Hubbard
Office Address: 2521 Pobbs Rd.
St. August in e, Fl , Florida 32086 (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.
Mallh X
(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 business addresses of officers and/or directors:

	,
A. DIRECTORS	
Restant Hillard	
Pa Ra	
West Ish My 11795	,
Vice Chairman: Kubert Who and	
Address: N.O. Box 9	
west I Slip, NY 11795	·
201011111	
St dugustine (F/ 32086	
Director: Fick T. Hubband	
Address: P.O. BOX	
1	
B. OFFICERS	
President: Gra Renzon beg	
Address:	
	·
Vice President: Rick T. Hubband	
Address: P.O. Box 9	
west ITho, Nº 11795	TAL
Secretary:	Ar J
Address:	TASS.
Treasurer:	THE P
Address:	<u> </u>
1 1	20 NDA:
NOTE: If necessary, you may attach an addendum to the application listing additional officers	s and/or directors.
(Signature of Director or Officer listed in number 12 of the application)	
14. RICK T. Hubband Director 111P.	
(Typed or printed name and capacity of person signing application)	

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State of New York Department of State

I hereby certify, that the Certificate of Incorporation of HIGH CHAPARREL, INC. was filed on 09/21/2001, 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 a subsisting corporation.

Witness my hand and the official seal of the Department of State at the City of Albany, this 28th day of June

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