## P05000002405

| (Re                                     | equestor's Name)                                  |                |  |  |
|---|---|----------------|--|--|
| (Address)                               |   |                |  |  |
| (Ac                                     | idress)   |                |  |  |
| (Ĉi                                     | ty/State/Zip/Phone                                | <del>(#)</del> |  |  |
| PICK-UP                                 | ☐ WAIT  | MAIL MAIL      |  |  |
| (Business Entity Name)                  |   |                |  |  |
|   |   |                |  |  |
| (Document Number)                       |   |                |  |  |
| Certified Copies                        | _ Certificates                                    | of Status      |  |  |
| Special Instructions to Filing Officer: |   |                |  |  |
|   |   |                |  |  |
|   |   |                |  |  |
|   |   |                |  |  |
|   |   |                |  |  |
|   | <del>, , , , , , , , , , , , , , , , , , , </del> |                |  |  |

Office Use Only



400050664734

64 (A.19--0:000--009 \*\*70.00

(NS-2405)

## TRANSMITTAL LETTER

| TO:  | Registration S<br>Division of Co  |  |   |   |
|--|-----------------------------------|--|---|---|
| SUBJ   | ест: <del>_</del> Д               | umming hird<br>(Name of corpor                                   | Man 705FME<br>ation - must include suffix | nt Corporation  |
| Dear S   | ir or Madam:                      |  |   |   |
| "Certif  |                                   | ation by Foreign Corporation ce," and check are submitted orida. |   |   |
| Please   | return all corres                 | pondence concerning this ma                                      | tter to the following:                    |   |
|  | Pate                              | icia Strauh  | orn                                       |   |
|  |                                   | (Name  | e of Person)                              |   |
|  | <del></del>                       | (Firm/   | Company)                                  |   |
|  | 8917                              | 111 Hurry 271  | 1 7/                                      |   |
|  | SILL                              | (A   | ddress)                                   |   |
|  | Ocola                             | FL 34482<br>(City/Sta  | te and Zip code)                          |   |
| For fur  | ther information                  | concerning this matter, pleas                                    | se call:                                  |   |
| P  | SHEQUING<br>(Name of Pers         |  | 7) 670 800 jea Code & Daytime Teleph      |   |
|  |                                   |  |   |   |
|  | <b>STREET ADI</b> Registration Se |  | MAILING A Registration S                  | \$ / / in the second |
| Division of Corporations   |                                   | Division of Corporations   |   |   |
| 409 E. Gaines St.  Tallahassee, FL 32399  P.O. Box 6327  Tallahassee, FL 32314 |                                   | 1 50 50  |   |   |
| Enclose  |                                   | the following amount:  | ŕ   | Established Ca  |
| \$70.  | 00 Filing Fee                     | S78.75 Filing Fee & Certificate of Status                        | 578.75 Filing Fee & Certified Copy        | ☐ \$87.50 Filing Fee,<br>Certificate of Status &<br>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. (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) (State or country under the law of which it is incorporated)

3. 88-0398385

(FEI number, if applicable) (Date of incorporation)

5. Psepsolute
(Duration: Year corp. will cease to exist or "perpetual") Soon as US 98+ DERMISSION to tRANSACT (9US

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) HWY 27 Str 201 Ocala (Principal office address) 376 Ocola, FL 34482 (Current mailing address) NSULTING FIRM
(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 NOT acceptable) Name: Office Address: 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,

(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:

and I am familiar with and accept the obligations of my position as registered agent.

| A. DIRECTORS  |
|---|
| Chairman: Larry Straykorn   |
| Address: 8277 W Hwy 326   |
| Ocala FL 34482  |
| Vice Chairman:  |
| Address:  |
|   |
| Director: Patricia Strayhorn  |
| Director: Patricia Strayhorn  Address: 8777 W Hwy 376 Ocola FC 34482  |
| ·   |
| Director:   |
| Address:  |
|   |
| B. OFFICERS   |
| President: LARRY STRAYHORW  |
| Address: 8222 W Hwy 326   |
| Ocola FL 34482  |
| Vice President:   |
| Address:  |
| - フェーラー   |
| Secretary: Patricia Strayhorn   |
| Address: 8277 W HWY 376 Ocala FL 34482  |
| Treasurer:  |
| Address:  |
| NOTE: 15 and a state of the added due to the application listing additional officers and/or directors           |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. |
| (Signature of Director or Officer listed in number 12 of the application)                                       |
| 14 Patricia Stranhorn   |
| (Typed or printed name and capacity of person signing application)  |

SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **HUMMINGBIRD MANAGEMENT CORPORATION**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since June 12, 1998, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on April 7, 2005.

DEAN HELLER

Secretary of State

ertification Clerk

the urre