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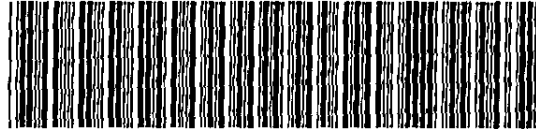
(Business Entity Name)

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SECURITY OF STATE
TALLAHASSEE, FLORIDA

T. Brumbley MAY 4 2003

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rocking S, 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:

Julianna S. Jenkins
(Name of Person)

Sennett, Duncan, Borders & Jenkins, P.C., L.L.O.
(Firm/Company)

425 So. 7th Ave., PO Box 326
(Address)

Broken Bow, NE 68822
(City/State and Zip code)

For further information concerning this matter, please call:

Julianna S. Jenkins at (308) 872-6868
(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
P.O. Box 6327
Tallahassee, FL 32314

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

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TALLAHASSEE, FLORIDA

**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. Rocking S, 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. Nebraska 3. 47-0824874
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. May 24, 1999 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. Rt. 2, Box 252; Broken Bow, NE 68822
(Principal office address)

same
(Current mailing address)

8. Sale of animal and human joint supplements
(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 NOT acceptable)

Name: Ron Cotting

Office Address: 141 Spoonhour Dr.

Casselberry, Florida 32707
(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.

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

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STATE
FLORIDA

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Dori A. Simonton

Address: Rt. 2, Box 252

Broken Bow, NE 68822

Director: Gary L. Simonton

Address: Rt. 2, Box 252

Broken Bow, NE 68822

B. OFFICERS

President: Dori A. Simonton

Address: Rt. 2, Box 252

Broken Bow, NE 68822

Vice President: _____

Address: _____

Secretary: Dori A. Simonton

Rt. 2, Box 252

Address: Broken Bow, NE 68822

Treasurer: Gary L. Simonton

Rt. 2, Box 252

Address: Broken Bow, NE 68822

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TALLAHASSEE, FLORIDA

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

13. Gary Simonton

(Signature of Director or Officer listed in number 12 of the application)

14. Gary Simonton

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

11:04:43

Wed Apr 27 5

STATE OF NEBRASKA LETTER OF GOOD STANDING

JOHN A. GALE
Secretary of State

Corporate Division
Room 1301
State Capitol
Lincoln, NE 68509

April 27, 2005

Sennett, Duncan & Borders
P.O. BOX 326
BROKEN BOW, NE 68822

Dear Sennett, Duncan & Borders

Our records indicate that as of April 27, 2005 at 11:04 AM the corporation known as:

ROCKING S INC.

with registered office in BROKEN BOW, Nebraska, has registered with the Nebraska Secretary of State's Office and is currently in existence and good standing to do business in the State of Nebraska as of the time and date noted above.

Sincerely,

John A. Gale
Secretary of State

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Information on this document provided from the records of the Nebraska Secretary of State Office through **Nebrask@ Online**, an instrumentality of the State of Nebraska