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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: HARDSCRABBLE FORGE, 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," or "Certificate of Good Standing" 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:

CAROL BAILLIE

Name of Person

M. H. BAILLIE & ASSOCIATES, INC

Firm/Company

1500 NE 51 STREET

Address

FORT LAUDERDALE, FL 33334-5710

City/State and Zip code

mhbassociates@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAROL BAILLIE

Name of Person

at (954) 491-5114

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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 Cop ☐ \$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. HARDSCRABBLE FORGE, INC

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

HARDSCRABBLE FORGE, INC

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. JONES COUNTY, IOWA

(State or country under the law of which it is incorporated)

3. 27-1268185

(FEI number, if applicable)

4. 11/15/2009

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. 12/1/2009

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

7. 20338 HARDSCRABBLE ROAD; MONTICELLO, IA 52310-7817

(Principal office address)

20338 HARDSCRABBLE ROAD; MONTICELLO, IA 52310-7817

(Current mailing address)

8. FARRIER; HORSESHOEING & RELATED EQUINE ACTIVITIES; ANY & ALL LEGAL BIZ

(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: CAROL BAILLIE

Office Address: 1500 NE 51 STREET

FORT LAUDERDALE, Florida 33334-5710
(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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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: CODY J. ROLLER

Address: 20338 HARDSCRABBLE ROAD
MONTICELLO, IA 52310-7817

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: CODY J. ROLLER

Address: 20338 HARDSCRABBLE ROAD
MONTICELLO, IA 52310-7817

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. Cody Roller
(Signature of Director or Officer listed in number 12 of the application)

14. CODY J. ROLLER, PRESIDENT/DIRECTOR
(Typed or printed name and capacity of person signing application)

IOWA

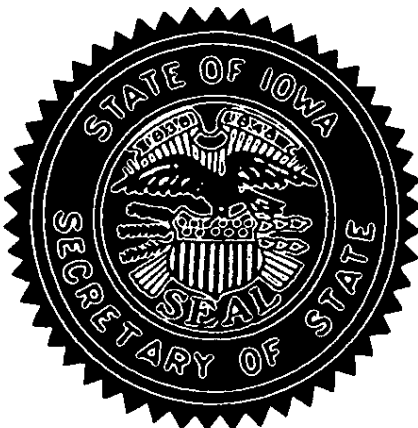
SECRETARY OF STATE

Date: 11/16/2009

CERTIFICATE OF EXISTENCE

Name: HARDSCRABBLE FORGE, INC. (490 DP - 389049)
Date of Incorporation: 11/12/2009
Duration: PERPETUAL

I, MICHAEL A. MAURO, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify that the corporation named on this certificate is in existence and was duly incorporated under the laws of Iowa, that all fees required by the Iowa Business Corporation Act have been paid by the corporation, that the most recent biennial corporate report required has been filed by the Secretary of State, and that articles of dissolution have not been filed.



Michael A. Mauro

MICHAEL A. MAURO SECRETARY OF STATE



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