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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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MAIL

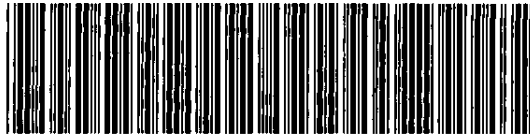
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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03/31/10--01032--017 **87.50

FILED
2010 MAY -5 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W10 - 1619-6

FILED MAY 8 2010

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: American Canine Registration and Processing Center, 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:

Lercy Alvarez

Name of Person

American Canine Registration and Processing Center, Inc.

Firm/Company

PO Box 121107

Address

Cleremont, FL 34712

City/State and Zip code

ycrld@gmail.com

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

For further information concerning this matter, please call:

Lercy Alvarez

Name of Person

at (484) 942-8316

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:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input checked="" type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|---|--|---|--|



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

10 MAY -5 PM 12:52

April 1, 2010

LERCY ALVAREZ
PO BOX 121107
CLERMONT, FL 34712

SUBJECT: AMERICAN CANINE REGISTRATION AND PROCESSING
CENTER, INC.
Ref. Number: W10000016191

We have received your document for AMERICAN CANINE REGISTRATION AND PROCESSING CENTER, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch
Regulatory Specialist II

Letter Number: 110A00008043

**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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 MAY -5 PM 4:42

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1. American Canine Registration and Processing Center, 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. Wyoming, USA

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

3.

(FEI number, if applicable)

4. 12/11/2009

(Date of incorporation)

5.

perpetual

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

6. 3/29/2010

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

7. 2710 Thomes Ave. Suite 585 Cheyenne, WY 82001

(Principal office address)

PO Box 121107 Clermont, FL 34712

(Current mailing address)

8. Data entry and customer support

(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: Business Filings Incorporated

Office Address: 1203 Governors Square Blvd. Ste. 101

Tallahassee

(City)

, Florida 32301-2960

(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.

Mary Jo Spalinger, Asst. Sec. for Business Filings
(Registered agent's signature) Incorporated

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Gerald Pitts

Address: 2710 Thomes Ave. Suite 585 Cheyenne, WY 82001

Vice Chairman: _____

Address: _____

Director: Lercy Alvarez

Address: 324 Chadwick Drive Davenport, FL 33837

Director: _____

Address: _____

B. OFFICERS

President: Gerald Pitts

Address: 2710 Thomes Ave. Suite 585 Cheyenne, WY 82001

Vice President: _____

Address: _____

Secretary: Lercy Alvarez

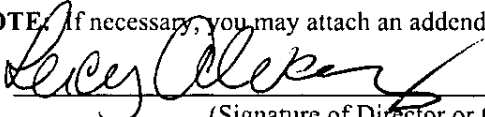
Address: 324 Chadwick Drive Davenport, FL 33837

Treasurer: _____

Address: _____

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

13.



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

14.

Lercy Alvarez

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

STATE OF WYOMING
Office of the Secretary of State

FILED

2010 MAY -5 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby
certify that according to the records of this office,

American Canine Registration and Processing Center, Inc.

is a
Profit Corporation

formed or qualified under the laws of Wyoming did on **December 11, 2009**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2009-000577740**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 29th day of March, 2010 at 12:45 PM. This certificate is assigned 007335623.



Max Maxfield
Secretary of State