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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

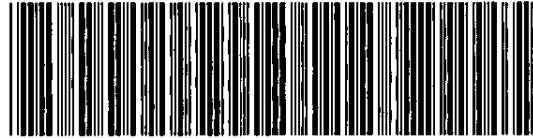
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 APR -9 PM 4: 25
CLERK OF STATE
TALLAHASSEE, FLORIDA

T. Burch APR 10 2012

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: WINDSOR EQUESTRIAN, INC. D/B/A THE DRESSAGE CONNECTION
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:

ROBERT W. MAYNE
Name of Person
MAYNE + FINGOLD CPA'S LLP
Firm/Company
1991 SMITH ST.
Address
MERRICK, N.Y. 11566
City/State and Zip code
BOB@MAYNE-FINGOLD.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT MAYNE at (516) 868-2400
Name of Person 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 Copy ☐ \$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. WINDSOR EQUESTRIAN, 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 3. 45-3791235
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11/4/2011 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. APPROX 3/22/2012
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 2248 ROANOKE AVE RIVERHEAD, N.Y. 11901
(Principal office address)
2248 ROANOKE AVE RIVERHEAD, N.Y. 11901
(Current mailing address)
8. SELL SADDLES AND BRIDLES
(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: NRAI SERVICES, INC.
- Office Address: 515 EAST PARK ST.
TALLAHASSEE, Florida 32301
(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.

NRAI SERVICES, INC.

Carol Glospe
(Registered agent's signature)

Carol Glospe, Assistant Secretary

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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: METTE LARSEN

Address: 2248 ROANOKE AVE

RIVERHEAD, N.Y. 11901

Vice President: _____

Address: _____

Secretary: METTE LARSEN

Address: 2248 ROANOKE AVE RIVERHEAD, N.Y. 11901

Treasurer: METTE LARSEN

Address: 2248 ROANOKE AVE RIVERHEAD N.Y. 11901

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

13. X _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. METTE LARSEN

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

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of WINDSOR EQUESTRIAN, INC. was filed on 11/04/2011, 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 an existing corporation.



FILED
12 APR -9 PM 4:25
CLERK OF STATE
ALBANY, N.Y.

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 08th day of March two
thousand and twelve.*

First Deputy Secretary of State