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SECRETARY OF STATE
ANALYSES FLORIDA

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SUBJECT: NATIONAL LABRAGON RETRIEVER CLUB
Name of Corporation – must include suffix

Dear Sir or Madam:

New Filing Section

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

CHRIS	Name o	of Person		
	Firm/C		IEVER	c L U B
104	OAKWOOD	DR		
	Ad City/State	*	<u>z</u> -/	
	BLTTQ			tion)

For further information concerning this matter, please call:

<u>CHRUSTOPHE N. WOEHN</u> at (321) 439 - 7047

Name of Person Area Code & Daytime Telephone Number

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 30, 2013

CHRISTOPHER WOEHR 104 OAKWOOD DR. MAITLAND, FL 32751

SUBJECT: NATIONAL LABRADOR RETRIEVER CLUB INCORPORATED

Ref. Number: W13000042522

We have received your document for NATIONAL LABRADOR RETRIEVER CLUB INCORPORATED and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

A brief description of the entity's nature of business must be included in the document.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

Please return the corrected original and one copy of 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) 245-6052.

Maryanne Dickey Regulatory Specialist II New Filing Section

Letter Number: 113A00018327

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:
1. NATIONAL LABRAGOA RETALEVER CLUB, INC. (Name of corporation: must include the word "INCORPORATED" or "CORPORATION" of words or abbreviations of the import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.) 2. DELAWARE (State or country under the law of which it is incorporated) 3. 23 - 285 9 26 1
2. DELANANE 3. 23-285 9261 Por No. (State or country under the law of which it is incorporated) (FEI number, if applicable) RE
4. 6-14-1996 5. DER PE7U TZ DITERIOR (Duration: Year corp. will cease to exist or "perpetual")
6. NOT VET CONDUCTING BUSINESS IN FLORIDA (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability)
7. 104 OAKWOON DRIVE MAITLANN, PZ 32751 (Principal office address)
SAME AT ABOVE (Current mailing address)
SOCIAL CILLB TO MOVANCE THE BARED (DOE) OF LABORAGE THROUGH SHOWS, 8. NEW OFFICERS ELECTED RESIDE IN FLORIDA RESEARCH (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) NO INFORMATION
8. DEN OFFICERS ELECTED RESIDE IN FLORIDA (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) SHALING
9. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
Name: OHRISTUPITER WUETT
Office Address: 104 OAKWOOD DA
MAITURE 5, Florida 3275/ (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 stenature)

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 addresses of officers and/or directors

A. DIRECTORS

Chairman:Ch/_	stopher wiehr		
Address: 104	Oakwood Drive	P	2 3 T
	Hand, Pr 32751	יבור '	NO 19
		· .	SERVING P
			175 73 C
Address			92 5
			Ori
Address:			
Director:			
Address:			
B. OFFICERS			
President: Ske	wi llumsen		
Address: 5	Riverwood Rd		
<u>K</u> ,	ngston, NH 03848		
	Lebecca Bailey		
	110 CoCos Dr. Oxto		
	(ando, A 32807		
	indra Underhill		
	2515 Woodside Ave #		
_			
	Oakwood Drive, Mais		
Address: 104	l	<u> </u>	
NOTE: If necessa	y, you may attach an addendum to the appl	ication listing additional officers and/or	directors.
13.	AG		
(Signati	re of Chairman Vice Chairman, or any offi	icer listed in number 12 of the application	n)
14.	(Typed or printed name and capacity)	of person signing application)	

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NATIONAL LABRADOR RETRIEVER CLUB,

INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE

SIXTH DAY OF AUGUST, A.D. 2013.

2640117 8300

130957119

Jeffrey W. Bullock, Secretary of State

AUTHENTYCATION: 0644442

DATE: 08-06-13

You may verify this certificate online at corp.delaware.gov/authver.shtml