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SECRETARY OF STATE

COVER LETTER

10: New Filing Section Division of Corporations
SUBJECT: Roya) SHOW HUNTERS INC. Name of corporation - must include suffix
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:
SANDRA FERRELL Name of Person
Name of Person
Royall SHOW HUNTERS, INC. Firm/Company
Firm/Company
1064 WID CHERRY LANE
Address
Address WELLING TON FL 33414 City/State and Zip code
City/State and Zip code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
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 \$\Bigcup \\$78.75 Filing Fee & \$\Bigcup \\$78.75 Filing Fee & Certificate of Status 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.		
	(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)	
_	Par 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	
۷.	(State or country under the law of which it is incorporated) 3. 52-2444950 (FEI number, if applicable)	
) ,	
4.	(Date of incorporation) 5. PERPETUA) (Duration: Year corp. will cease to exist or "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	POBOX 337 BERNY, 11E PA 19506	
′ ·-	(Principal office address)	
	(1) 1) Phosp / - 10 [1] (1) F/ 331	114
	1064 WILD CHERRY LANE WEllingrow FL 33: (Furrent mailing address) Principle Office	"]
	Principle Office	
0	EQUESTRIAN - TRAINER ES E	i •
ð.	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	
	Name and street address of Florida registered agent: (P.O. Boy, NOT acceptable)	e annotation to
9.	Name and <u>street address</u> of Florida registered agent. (1.0. Box 14.01 acceptable)	user, who
	Name: SANDRA FERRELL	1 [
	Tunne.	
Of	MEllingrow, Florida 33414	2
	1 2 - 1) >	7
	WELLING TON Florida 334/7	
	(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: A. DIRECTORS WilD CHERRY LANE WELLINGTON FL Vice Chairman: Address: Director: **B. OFFICERS** Vice President: Address: Secretary: Address:

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. SANDRA FERRELL

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

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

Treasurer:

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

NOVEMBER 14, 2013

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

ROYALL SHOW HUNTERS, INC.

is duly incorporated as a Pennsylvania Corporation under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not be imply that all fees, taxes, and penalties owed to the Commonwealth of the Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Certification Number: 11456554-1 Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp