

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : I.N.C. CORPORATE SERVICES

Account Number : I20000000011 Phone : (718)888-7773 Fax Number : (718)888-8559

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address: cs@incfilings.com

### FOREIGN PROFIT/NONPROFIT CORPORATION NEXT LEVEL EQUESTRIAN INC.

Certificate of Status	0
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#### **COVER LETTER**

FO: New Filing Section Division of Corpora	tions		
SUBJECT: NEXT L	EVEL EQUES	TRIAN INC.	
SUBJECT:		ion - must include suffix	
Dear Sir or Madam:			
The enclosed "Application to "Certificate of Existence," can bove referenced foreign co	or "Certificate of Good S	tanding" and check are sub	
Please return all correspond	ence concerning this ma	tter to the following:	
Joanne Lee	-	-	
	Name	of Person	
INC Corporate S	Services		
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45-04 162nd Str		h	
		dress	
Flushing, NY 11	358		
		e and Zip code	
cs@incfilings.com	•	•	
		ed for future annual report	notification)
For further information cond	terning this matter, pleas	se call:	
Joanne Lee	<sub>at.</sub> 718	888-7773	
Name of Person	Arc	a Code & Daytime Teleph	one Number
STREET/COURIE New Filing Section Division of Corpora		MAILING A New Filing So Division of Co	ction
Clifton Building	110113	P.O. Box 632	•
2661 Executive Cen Tallahassee, FL 323		Tallahassee, F	
Enclosed is a check for the f			ï
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	S87.50 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.

(If name unavails	ble in Florida, enter alternate corporate nam	ie adopted for the purpose of transacting	business in Florida)
New York	ζ .	45-3768952	
	under the law of which it is incorporated)	(FEI number, if applic	able)
Novembe	er 7, 2011	5. Perpetual	
	of incorporation)	(Duration: Year corp. will cease to c	exist or "perpetual")
		s in Florida, if prior to registration) .1502, F.S., to determine penalty liability	<i>)</i> )
4132 SW	51st Circle, Ocala, FL 34		,
	(Principal office a		
	, ·	·	
	(Current mailing a	ddress)	
	ales, training and equest		
(Purpose(s	) of corporation authorized in home state or	country to be carried out in state of Flori	ida)
	t address of Florida registered agent: (I	P.O. Box NOT acceptable)	<b>三角</b>
Name and street			, £ }
	Claire B. Mayer		を
Name:		<del></del>	1880 DEC 1
	4132 SW 51st Circle		$\sim 6^{1/2} \frac{1}{2}$
Name:	4132 SW 51st Circle Ocala	, Florida 34474	DEC 16 AH
Name:	4132 SW 51st Circle	, Florida 34474 (Zip code)	्रि <sup>()</sup> ज
Name:	4132 SW 51st Circle Ocala	, Florida 34474 (Zip code)	:: <sup>10</sup>
Name:  Tice Address:  Registered agaving been name	4132 SW 51st Circle Ocala (City) gent's acceptance: sed as registered agent and to accept set	rvice of process for the above stated	corporation at the pla
Name: ffice Address:  Registered agaving been nam signated in this	4132 SW 51st Circle Ocala (City) gent's acceptance:	rvice of process for the above stated ntment as registered agent and agree	corporation at the place to act in this capacit

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. Nam	cs and business addresses of officers and/or directors:	
	CCTORS	
	Claire B. Mayer	
Address:	4132 SW 51st Circle	
	Ocala, FL 34474	
Vice Chai	rman:	
Address:		
Director:		
Address:		<u> </u>
Discourse		
Address:		
B. OFF		
	Claire B. Mayer	2 5
Address:	4132 SW 51st Circle	24 34
	Ocala, FL 34474	·
Vice Pres	ident:	
Address:		
Secretary:		
Address:		
Treasurer		
Address:		
NOTE:	If necessary, you may attach an addendum to the application listing additional officers a	nd/or directors.
13	Signature of Director or Officer	
are true a	Signature of Director or Officer ser or director signing this document (and who is listed in number 12 above) affirms that and that he or she is aware that false information submitted in a document to the Departmeter felony as provided for in s.817.155, F.S.	the facts stated herein nent of State constitutes
14. Cla	ire B. Mayer, President	
	(Typed or printed name and capacity of person signing application)	

# State of New York Department of State State

I hereby certify, that the Certificate of Incorporation of NEXT LEVEL EQUESTRIAN INC. was filed on 11/07/2011, 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.



Witness my hand and the official seal of the Department of State at the City of Albany, this 12th day of December two thousand and fourteen.

Anthony Giardina

Executive Deputy Secretary of State

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FILED

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