

FIS 00002245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

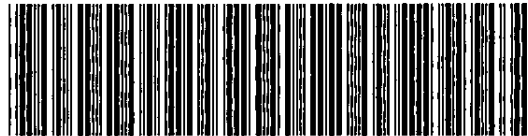
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15 MAY 19 AM 8:00

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Barker Kennels, 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:

Randall Nordlund, Esq.

Name of Person

Nordlund P.A.

Firm/Company

14 Northeast 1st Avenue, Suite 201

Address

Miami, Florida 33132

City/State and Zip code

nordlund@npa1.com

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

For further information concerning this matter, please call:

Randall Nordlund, Esq. at (786) 454-9871

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. Barker Kennels, 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. Rhode Island 3. 05-0365432
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/20/1975 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 90 Airport Road, Warwick, Rhode Island 02889
(Principal office address)

90 Airport Road, Warwick, Rhode Island 02889
(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

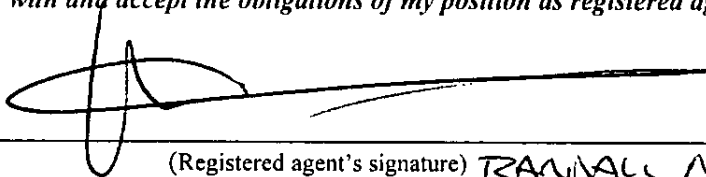
Name: Nordlund P.A.

Office Address: 14 N.E. 1st Ave. #201

Miami, Florida 33132
(City) (Zip code)

9. **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) RANDALL NORDLUND, Esq.

10. 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.

15 MAY 19 AM 8:00

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

A. DIRECTORS

Chairman: Richard Brindle

Address: 90 Airport Road, Warwick, Rhode Island 02889

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Richard Brindle

Address: 90 Airport Road, Warwick, Rhode Island 02889

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. _____


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.

13. Richard Brindle, President

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



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

Certification Number: **15040020640**

*The office of the Secretary of State of the State of Rhode Island and Providence Plantations,
HEREBY CERTIFIES, that*

BARKER KENNELS, INC.

a Rhode Island corporation, filed original articles of incorporation in this office on

October 20, 1975

Effective

October 20, 1975

*IT IS FURTHER CERTIFIED that as of this date said corporation is duly organized and existing
under and by virtue of the laws of the State of Rhode Island and is in good standing according
to the records of this office.*

SIGNED AND SEALED ON

Friday, April 10, 2015

Secretary of State

Authorized Agent

