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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan DEC 11 2015

COVER LETTER

TO: Registration Section
Division of Corporations

LONGHORN ASSOCIATES INC.

SUBJECT: _____
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:

JULIANAH AWOFADEJU

Name of Person

LONGHORN ASSOCIATES INC.

Firm/Company

9286 VISTA DEL LAGO NUM 78B BOCA RATON, FL 33428

Address

BOCA RATON, FL 33428

City/State and Zip code

information811@aol.com

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

For further information concerning this matter, please call:

JULIANAH AWOFADEJU at (561) 401-5026
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration 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.*

LONGHORN ASSOCIATES INC.

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)

2. Hawaii 3. 47-4737105
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06/13/2011 5. Perpetual
(Date of incorporation) (Date of duration, if other than 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. 9286 VISTA DEL LAGO NUM 78B BOCA RATON, FL 33428
(Principal office address)

22719 NEPTUNE RD BOCA RATON, FL 33428

(Current mailing address, if different)

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

Name: JULIANAH AWOFADJEU

Office Address: 22719 NEPTUNE RD

BOCA RATON, Florida 33428
(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)

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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____
JULIANAH AWOFADAJU

Address: _____
22719 NEPTUNE RD BOCA RATON, FL 33428

Director: _____

Address: _____

B. OFFICERS

President: _____
JULIANAH AWOFADAJU

Address: _____
22719 NEPTUNE RD BOCA RATON, FL 33428

Vice President: _____

Address: _____

Secretary: _____

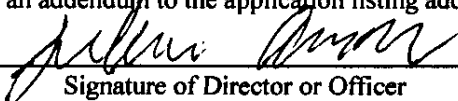
Address: _____

Treasurer: _____

Address: _____

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

12. _____

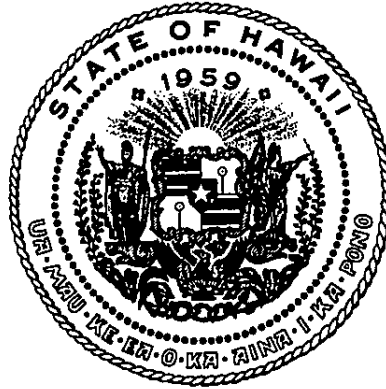

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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. _____
JULIANAH AWOFADAJU

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

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STATE OF FLORIDA
TALLAHASSEE



Department of Commerce and Consumer Affairs

CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that according to the records of this Department,

LONGHORN ASSOCIATES INC.

was incorporated under the laws of Hawaii on 06/13/2011 ; and that it is an existing corporation in good standing, and is duly authorized to transact business.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: August 07, 2015

Director of Commerce and Consumer Affairs

