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COVER LETTER

TO: Registration Section
Division of Corporations
Parlay, 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:
Adam Rockstad

_____	Name of Person
Parlay, Inc	
_____	Firm/Company
1609 19th ST NW	
_____	Address
East Grand Forks, MN 56721	
_____	City/State and Zip code
prockstad3@gmail.com	
_____	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paula Rockstad	701	746-0437
_____	at (_____)	_____
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.*

Parlay, 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)
North Dakota 45-2686857

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
07/05/2011

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
NONE YET

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
1609 19th ST NW, East Grand Forks, MN 56721

7. _____
(Principal office address)

(Current mailing address, if different)

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

Name: Glen Scharer
513 Bermuda Dr

Office Address: Lake Wales 33859
_____, Florida _____
(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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CLERK OF THE COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Adam Rockstad
1609 19th ST NW

Address: East Grand Forks, MN 56721

Vice President: _____

Address: _____

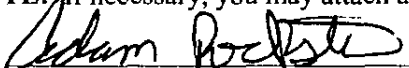
Secretary: Paula Rockstad
1609 19th ST NW, East Grand Forks, MN 56721

Address: _____

Treasurer: Paula Rockstad
1609 19th ST NW, East Grand Forks, MN 56721

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. Adam Rockstad _____

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

State of North Dakota

SECRETARY OF STATE



CERTIFICATE OF GOOD STANDING OF

PARLAY, INC.

The undersigned, as Secretary of State of the State of North Dakota, hereby certifies that PARLAY, INC. , a North Dakota BUSINESS CORPORATION, was incorporated in this office on July 5, 2011 and, according to the records of this office as of this date, has paid all fees due this office as required by North Dakota statutes governing a North Dakota BUSINESS CORPORATION.

ACCORDINGLY the undersigned, as such Secretary of State, and by virtue of the authority vested in him by law, hereby issues this Certificate of Good Standing to

PARLAY, INC.

Issued: September 12, 2016

Alvin A. Jaeger
Secretary of State