# 1,1000000456

(Requestor's Name)	
(Address)	
(Address)	•
(City/State/Zip/Phone #)	
☐ PICK-UP ☐ WAIT ☐ MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



300293031193

01/13/17--01012--010 \*\*87.50

FILED P 103

**S Warren** JAN 3 1 2017





## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 19, 2017

SANDY NEWTON 1601 MEDICAL CENTER DRIVE, SUITE 1 EDMOND, OK 73034

SUBJECT: NORTH AMERICAN DEER REGISTRY, A DOMESTIC NONPROFIT

CORPORATION

Ref. Number: W17000004471

We have received your document for NORTH AMERICAN DEER REGISTRY, A DOMESTIC NONPROFIT CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

ON LINE 1 YOU MUST PUT YOUR LEGAL NAME FOLLOWED BY A CORPORATE SUFFIX IE NORTH AMERICAN DEER REGISTRY CORPORATION - CAN NOT PUT THE WORDS A DOMESTIC NON PROFIT, THOSE ARE A DESCRIPTION NOT YOUR LEGAL NAME.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren Regulatory Specialist II

Letter Number: 117A00001180

### **COVER LETTER**

TO:	: Registration Section Division of Corporations				
eud i	ECT:	North A	merican Deer Registry		
SUBJ	ECI:_		Name of Corporation	on – must include suffix	
Dear S	ir or Ma	dam:			
Affairs	s in Flori	da", "Ce	ion by Foreign Not for Profirtificate of Existence", or "Cenced not for profit corporat	Certificate of Status" and c	heck are submitted to
Please	return a	l corresp	ondence concerning this ma	atter to the following:	
		Sand	y Newton		
		•	Name o	f Person	
North American Deer Registry					
			Firm/C	Company	
	1601 Medical Center Dr., Suite 1				
			Ado	dress	
		Edmond	OK 73034		
			City/State a	nd Zip Code	*
		nadr@de	erregistry.com		
		E-m	ail address: (to be used for t	future annual report notific	cation)
For fur	rther info	rmation	concerning this matter, plea	se call:	
			2-to-10 deerregist		
Sandy Newton				405 513-7228	
		Name o	of Person at (	Area Code Daytime Te	lephone Number
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registration Division of C Clifton Build 2661 Executi	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
Enclos	sed is a c	heck for	the following amount:		
<b>5</b> \$70	0.00 Filir	ng 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 NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

(Name of corpo	ration: must include the word "INCORPORA" age as will clearly indicate that it is a corporative resent. "Company" or "Co." may not be used	FED" or "CORPORATION" or instead of a natural person of	words or abbreviations of like or partnership if not so contained
-	ailable in Florida, enter alternate corporate nar		
Texas		3. 26-1541732	
(State or cour	ntry under the law of which it is incorporated)	(FEI number,	if applicable)
December 6, 2	007	5.	
([	Oate of Incorporation)	(Date of duration,	if other than perpetual)
January 1, 20	17		
(Date first cond	ucted affairs in Florida if prior to registration. So	e sections 617.1501 & 617.150.	2. F.S. to determine penalty liabili
1601 Medical	Center Dr., Suite 1, Edmond, OK 73034		
·		office address)	
	(i imeipa	office address)	
	(Current mailin	g address, if different)	
Conduct busin	ess for the North American Deer Registry to 1	egister whitetail deer on online	inventory for deer breeders.
(Purpose(s) of	corporation authorized in home state or country	y to be carried out in the state of	of Florida)
Name and atm	ant address of Florida revistand accut. (F	O Day NOT assentable	
. Name and <u>su</u>	eet address of Florida registered agent: (P	.O. Box <u>NOT</u> acceptable)	
	Maria Sierra		THE PERSON NAMED IN COLUMN 1
Name:	· · · · · · · · · · · · · · · · · · ·		THE TO THE
Office Address:	2211 NW 26th Avenue		
	Miami	, Florida <u>33142</u>	SE T
		rundaa	<u> </u>

10. Registered agent's acceptance:

Mark to Barrie

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 addresses of officers and/or directors

A. DIRECTORS	
Ray Burdette Chairman:	
P.O. Box 487 Address:	
Raymondville TX 78580	
John R. Cain Vice Chairman:	
P.O. Box 765 Address:	
Saint Jo TX 76273	
Gary Cook Director:	
2304 Berryhill Circle Address:	
Edmond OK 73034	
Director:	
Address:	
	and the state of t
B. OFFICERS	COLUMN TO SERVICE STATE OF SERVICE STATE STATE OF SERVICE STATE OF SERVICE STATE STATE OF SERVICE STATE STATE STATE STATE STATE OF SERVICE STATE STATE STATE STATE STATE STATE STATE STATE STATE
President:	The second secon
Address:	ri so
	<b>5 </b>
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application list	ing additional officers and/or directors.
13. (Signature of Chairman, Vice Chairman, or any officer listed	in number 12 of the application)
14. Gary Cook	ining andication)
(Typed or printed name and capacity of person s	signing application)

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Carlos H. Cascos Secretary of State

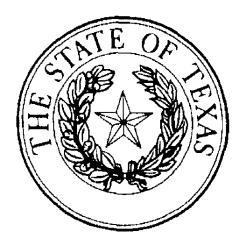
## Office of the Secretary of State

#### **Certificate of Fact**

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for North American Deer Registry (file number 800907007), a Domestic Nonprofit Corporation, was filed in this office on December 06, 2007.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Scal of State at my office in Austin, Texas on November 14. 2016.



Phone: (512) 463-5555

Prepared by: SOS-WEB

CULC -

Carlos H. Cascos Secretary of State

Come visit us on the internet at http://www.sos.state.tx.us/

Fax: (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 699091440003