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COVER LETTER

Registration Section

TO:

Division of Corporations
SUBJECT: HUNTERS 4 Kids Inc. Oddooms At Last York D. Name of Corporation-must include suffix
Dear Sir or Madam:
The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.
Please return all correspondence concerning this matter to the following:
DAG Dodson Name of Person
Hunters 4K. ds Inc Firm/Company
BBA Outdoons Al List 10uth Adventures
3435 MW W: 1/en Rd Address
How R. wer NC 27258 City/State and Zip Code
He cow by @ Net Zeas. Net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dolo Dodson at (336) 263-59 59 Name of Person Area Code Daytime Telephone Number
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$\omega\$8.75 Filing Fee & \$\omega\$\$87.50 Filing Fee,

Certificate of Status

· Certified Copy

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:

1. Hunters 4 Kids Incorpoted
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. North Capolina 3. (State or country under the law of which it is incorporated) (FEI number, if applicable)
4 Sept 5 2013 (Date of Incorporation) 5. (Date of duration, if other than perpetual)
6. None 14 this Time (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S, to determine penalty liability.)
7. 3772 MARYS Grave Ch Rd HAW R. WER NC 3725-8 (Principal office address)
3435 Mb W: 1/en Rd How R: WZ. NC. 27258 (Current mailing address, if different)
(Current mailing address, if different)
8. To halp Spaced need and Kids from Military Com. I'm enjoy owldoor Hunting & (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) - Gshing
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Tiffanu Christie
Office Address: 3713 Keeper 19
50000
PANT CHY , Florida 55 (Zip Code) To 3 TO
10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation of 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 detections of my detections of my position as registered agent.
(I have Charles
(Registered agent's signature)
[/ Landers and marker of California and Asset of California Asset of California and California

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			
Chairman: Dak Dodson			
. ,			
Address: 3772 Misnys Grove Ch Ry How Rivery N.C. 27258			
Vice Chairman:		_	_
Address:			
			_
Director:			
Address:			
	Zs.		
Director		APR	
Address:	ASS	-R 19	-
Addices.	WO.	3	1
B. OFFICERS	FLOR	#:	
	AGE AGE	95	
President: B. ly W. Chombers Address: 4637 Mopel Ridge			
Woltenburg 5C. 29488			
Vice President: M. Ke Crase			
Address: 64 Surun Shock Rd			
Indipender Up. 24348			
Secretary: Down Ellis	 .		
	288	77	
Transport Kelly Reportly			
Address: ROBus 327 Low Gap NC 22029			
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/	or direct	ors.	
13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the applica	tion)		
14. Due Dockon CEO CFO	uon)		
(Typed or printed name and capacity of person signing application)			



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

HUNTERS 4 KIDS, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 5th day of September, 2013, with its period of duration being Perpetual.

I FURTHER certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Nonprofit Corporation Act; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official scal at the City of Raleigh, this 12th day of April, 2017.

Elaine J. Marshall

Secretary of State

Certification# 100359995-1 Reference# 13745598- Page: 1 of 1 Verify this certificate online at http://www.sosnc.gov/verification