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TO MAY 12 AN SP. 19

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April 19, 2017

KIM RUSSO PO BOX 669 JOHNSTOWN, NY 12095 US

SUBJECT: TOWNSEND LEATHER MERCANTILE, INC.

Ref. Number: W17000033727

We have received your document for TOWNSEND LEATHER MERCANTILE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

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.

Letter Number: 017A00007636

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: TOWNSEND LEATHER MERCANTILE, INC.  Name of corporation - must include suffix					
Name of corpora	mon - must include surfix				
Dear Sir or Madam:					
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact but	_				
Please return all correspondence concerning this m	atter to the following:				
KIM RUSSO					
Name	e of Person				
TOWNSEND LEATHER MERCANTILE, INC.					
	Company				
DO BOY 660					
PO BOX 669	ddress				
JOHNSTOWN, NY 12095					
City/Sta	ite and Zip code				
KimR@townsendleather.com					
E-mail address: (to be us	sed for future annual report notification)				
For further information concerning this matter, plea	ase call:				
KIM RUSSO at (518)	762-2764				
Name of Person Area	· · · · · · · · · · · · · · · · · · ·				
·					
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 & Sertified Copy Sertified Copy 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.

I. TOWNSEND LE	CATHER MERCANTILE, INC.			
	corporation; must include "INCOF Corp," "Inc," "Co," or "Corp.")	RPORATED," "C	OMPANY," "CORPORATIO	N,"
(If name unavail	able in Florida, enter alternate co	porate name adop	ted for the purpose of transacti	ng business in Florida)
2. <u>DE</u>			-0964364	
(State or country	y under the law of which it is inco	orporated)	(FEI number, if a	oplicable)
4. 12/29/2015		5		
(Date of incorporation)			(Date of duration, if other than perpetual)	
6. MARCH 22,02	017			
	•		rida, if prior to registration)	114.A
	(SEE SECTIONS 007.1	301 & 607.1302,	F.S., to determine penalty liabi	inty)
7. PO BOX 669	JOHNSTOWN, NY 12095		END AVENUE JOHNSTOWN I	NY 12095
		(Principal o	ffice address)	500
PO BOX	669 JOHNSTOWN NY 12095			\$\$ 12 ···
	((	Current mailing ad	ldress, if different)	<b>2</b> 77
8. Name and street	et address of Florida registered	agent: (P.O. B	ox NOT acceptable)	E. 800
Name:	RONALD L. CATHEY		_	
Office Address:	101 LAKE OAKS BLVD		_	
	LONGWOOD		, Florida 32750	
	(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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: TERRY A. KUCEL Address: PO BOX 669 JOHNSTOWN, NY 12095 Vice Chairman: Director: JARED ECKLER Address: PO BOX 669 JOHNSTOWN, NY 12095 Director: SARAH ECKLER Address: PO BOX 669 JOHNSTOWN, NY 12095 **B. OFFICERS** President: JARED ECKLER Address: PO BOX 669 JOHNSTOWN, NY 12095 Vice President: Address: \_\_\_\_ Secretary: SARAK ECKLER Address: PO BOX 669, JOHNSTOWN, NY 12095 Treasurer: TRICIA MARTIN Address: PO BOX 669, JOHNSTOWN, NY 12095 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. JARED ECKLER, PRESIDENT

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## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TOWNSEND LEATHER MERCANTILE, INC." IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF APRIL, A.D.

2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TOWNSEND LEATHER MERCANTILE, INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF DECEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

TAVE OF LAWER

Authentication: 202329650

Date: 04-05-17

5921698 8300 SR# 20172289850