F17000002927

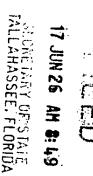
(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Nar	ne)
(De	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		i

Office Use Only



400300269224

06/26/17--01042--002 **78.75



JUN 2 9 2017

Y SULKER

COVER LETTER

	ration Section of Corpor				
	Wyotana Raп				
SUBJECT:					
		Name of	corporation	- must include suffix	
Dear Sir or Ma	dam:				
"Certificate of	Existence,"		f Good Stand	Authorization to Transac ling" and check are sub is in Florida.	
Please return a Denise Foster	ll correspon	dence concerning	g this matter	to the following:	
Wyotana Ranch	Inc.		Name of F	erson	
25140 Tradewin	ids Dr.		Firm/Comp	oany	,
Land O Lakes, I	FL 34639		Addre	SS	
defoster4@veriz	zon.net	(City/State an	d Zip code	
,		E-mail address: (to be used for	or future annual report r	notification)
For further info	ormation co	ncerning this mat	ter, please c	all:	
Denise Foster				713-5789	
Name	of Person	at	Area Code	Daytime Telep	hone Number
Regist Divisio Cliftor 2661 E	ET/COURI ration Section on of Corpo Building Executive Coassee, FL 3	rations enter Circle		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations
Enclosed is a c	heck for the	following amou	nt:		
□ \$70.00 Fili	ng Fee D	3 \$78.75 Filing I Certificate of		\$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.

	corporation; must include "INCORPORATED," "Corp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	
Wyotana Ranch	n Incorporated		
(If name unavai Montana	lable in Florida, enter alternate corporate name ad	opted for the purpose of transacting bu	siness in Florida)
	3		
2/13/1970			
	e of incorporation) 5		
none, just gettii	ng ready to open business bank account	(Date of duration, if other than	perpetual)
	(Data Cantanana da 11 1 1 12	India iComing to madetaction	
	(Date first transacted business in F	lorida, if prior to registration)	
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 ds Dr, Land O Lakes, FL 34639	lorida, if prior to registration) 2, F.S., to determine penalty liability)	,
25140 Tradewin	(Date first transacted business in F (SEE SECTIONS 607,1501 & 607,1502) ds Dr, Land O Lakes, FL 34639	lorida, if prior to registration) 2, F.S., to determine penalty liability)	75.
25140 Tradewin	(Date first transacted business in F (SEE SECTIONS 607,1501 & 607,1502 ds Dr, Land O Lakes, FL 34639 (Principal	lorida, if prior to registration) 2, F.S., to determine penalty liability) office address)	
25140 Tradewin	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 ds Dr, Land O Lakes, FL 34639	2, F.S., to determine penalty liability)	HALLAH
25140 Tradewin	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 ds Dr, Land O Lakes, FL 34639 (Principal ds Dr, Land O Lakes, FL 34639	2, F.S., to determine penalty liability)	IALLAHASS
25140 Tradewin	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 ds Dr, Land O Lakes, FL 34639 (Principal ds Dr, Land O Lakes, FL 34639	office address)	IALLAHASSEE
25140 Tradewine 25140 Tradewin	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 ds Dr, Land O Lakes, FL 34639 (Principal ds Dr, Land O Lakes, FL 34639 (Current mailing	office address) address, if different)	EL →
25140 Tradewind	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 ds Dr, Land O Lakes, FL 34639 (Principal ds Dr, Land O Lakes, FL 34639 (Current mailing	office address) address, if different)	AM SEE. FL
25140 Tradewing 25140 Tradewing Name and stre	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 ds Dr, Land O Lakes, FL 34639 (Principal ds Dr, Land O Lakes, FL 34639 (Current mailing	office address) address, if different)	AH .: Y OF STA
25140 Tradewind	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 ds Dr, Land O Lakes, FL 34639 (Principal ds Dr, Land O Lakes, FL 34639 (Current mailing	office address) address, if different)	AM SEE. FL
25140 Tradewing 25140 Tradewing Name and stre Name:	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 ds Dr, Land O Lakes, FL 34639 (Principal ds Dr, Land O Lakes, FL 34639 (Current mailing tet address of Florida registered agent: (P.O. Denise Foster 25140 Tradewinds Dr.	office address) address, if different)	AH .: Y OF STA
25140 Tradewing 25140 Tradewing Name and stree Name:	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 ds Dr, Land O Lakes, FL 34639 (Principal ds Dr, Land O Lakes, FL 34639 (Current mailing tet address of Florida registered agent: (P.O. Denise Foster	office address) address, if different)	AH .: Y OF STA
25140 Tradewing 25140 Tradewing Name and stree	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 ds Dr, Land O Lakes, FL 34639 (Principal ds Dr, Land O Lakes, FL 34639 (Current mailing tet address of Florida registered agent: (P.O. Denise Foster 25140 Tradewinds Dr.	2, F.S., to determine penalty liability) office address) address, if different) Box NOT acceptable) 34639	AH .: Y OF STA

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 Jack Foster Chairman: 25140 Tradewinds Dr. Address: Land O Lakes, FL 34639 Denise Foster Vice Chairman: 25140 Tradewinds Dr. Address: Land O Lakes, FL 34639 Director: _ Address: Director: **B. OFFICERS** Jack Foster President: 25140 Tradewinds Dr Address: Land O Lakes, FL 34639 Denise Foster Vice President: 25140 Tradewinds Dr Address: Land O Lakes, FL 34639 Denise Foster Secretary: 25140 Tradewinds Dr. Land O Lakes, FL 34639 Address: Denise Foster Treasurer: 25140 Tradewinds Dr. Land O Lakes, FL 34639 Address: _ 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. Jack Foster - CEO / President

13.



CERTIFICATE OF EXISTENCE

I, **COREY STAPLETON,** Secretary of State for the State of Montana, do hereby certify that:

WYOTANA RANCH, INC.

duly filed its Articles Of Incorporation for the domestic entity in this office on **February 13, 1970,** and on that date was authorized to transact business in this state for a term of Perpetual duration.

Payment is reflected in the records of the Secretary of State for all fees owed to the Secretary of State.

The most recent annual report has been filed with this office.

No articles of dissolution have been placed on record in this office by said corporation and the records indicate the corporation is in good standing under the laws of the State of Montana.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on tax status.

THE STATE OF THE S

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 22nd day of June, 2017.

COREY STAPLETON

Montana Secretary of State

Certificate Number: 062220170060