

F170000005728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

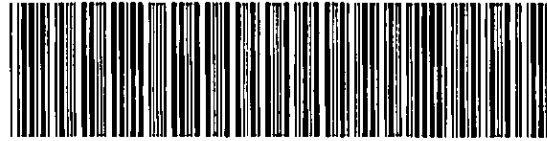
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

12/21/17 W 17-99290
Date trans. business per
Randi LaFerney via phone.
(sw)

Office Use Only



800306652618

12/14/17--01017--013 **70.00

FILED
17 DEC 20 PM 12:45
TALLAHASSEE, FLORIDA

S. WARREN

DEC 21 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 15, 2017

RANDI LAFERNEY
P.O. BOX 5522
KINGSPORT, TN 37663

SUBJECT: OFF LEASH K9 FLORIDA, LLC
Ref. Number: W17000099290

We have received your document for OFF LEASH K9 FLORIDA, LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

IF BUSINESS WAS TRANSACTED PRIOR TO 2017 YOU MUST ENTER A DATE, IF IT WAS THIS CALENDAR YEAR THEN YOU CAN LEAVE IT BLANK,

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: 517A00025435

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Off Leash K9 Florida LLC
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:

RANDI LaFERNEY
Name of Person
Off Leash K9 Florida LLC
Firm/Company
P.O. Box 5522
Address
KINGSPORT, TN 37663
City/State and Zip code
RANDI@offleashk9training.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RANDI LaFERNEY at (423) 384-8300
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.

1. Off Leash K9 FLORIDA LLC
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Tennessee 3. 47-2667779
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. October 29, 2014 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 11/1/2017
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 6469 Shoal Creek Street Circle, BRADENTON, FL 34202
(Principal office address)

P.O. Box 5522 KINGSFORD, TN 37663
(Current mailing address, if different)

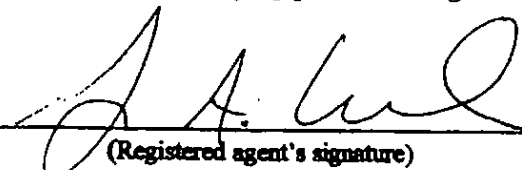
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: George Widunas

Office Address: 6469 Shoal Creek Street Circle
BRADENTON, Florida 34202
(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.

FILED
17 DEC 20 PM 12:45
JAN 1 2017
STATE
OF FLORIDA

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

A. DIRECTORS

Chairman: RANDI LaFERNEY

Address: P.O. Box 5522

KINGSPORT, TN 37663

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

FILED
17 DEC 20 PM 12:45
JULIA S. L. JORDAN

B. OFFICERS

President: RANDI LaFERNEY

Address: P.O. Box 5522

KINGSPORT, TN 37663

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Randi Laferney

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. RANDI LaFERNEY - Managing Member

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



Tre Hargett
Secretary of State

Division of Business Services
Department of State

State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

RANDI LAFERNEY
P.O. BOX 5522
KINGSPORT, TN 37663

December 12, 2017

Request Type: Certificate of Existence/Authorization
Request #: 0260141

Issuance Date: 12/12/2017
Copies Requested: 1

Document Receipt

Receipt #: 003695187 Filing Fee: \$20.00
Payment-Credit Card - State Payment Center - CC #: 3717069201 \$20.00

Regarding: Off Leash K9 Florida, LLC
Filing Type: Limited Liability Company - Domestic
Formation/Qualification Date: 10/29/2014
Status: Active
Duration Term: Perpetual
Business County: SULLIVAN COUNTY

Control #: 776462
Date Formed: 10/29/2014
Formation Locale: TENNESSEE
Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Off Leash K9 Florida, LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 025505516