F1800000551

(Rec	questor's Name)
(Add	dress)
(Add	dress)
(City	y/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Bus	siness Entity Name)
(Doc	cument Number)
Certified Copies	Certificates of Status
Special Instructions to F	Filing Officer:
<u> </u>	

Office Use Only



700306897427

01/11/18--01011--005 **70.00

FILED
18 FB -2 M 7:1

J. LEGGETT FEB 0 5 2018



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 12, 2018

KIM MILLER THOMAS POST OFFICE BOX 649 PARRISH, FL 34219 US

SUBJECT: THOMAS BARREL HORSE TRAINING, INC

Ref. Number: W18000003771

We have received your document for THOMAS BARREL HORSE TRAINING, 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 the corrected original and one copy of 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: 318A00000858

Judy A Leggett
Regulatory Specialist II
Registration Section

www.sunbiz.org

COVER LETTER

				\
				ant, v
	COVER	LETTER	ion-not	() uc
			ONO MAR)
SUBJECT:	Name of corpora	tion - must include suffi	x	
Dear Sir or Madam:				
"Certificate of Existence	on by Foreign Corporation e," or "Certificate of Good a corporation to transact bu	Standing" and check are		
Please return all corresponding Miller Thomas	ondence concerning this ma	atter to the following:		
Thomas Barrel Horse Train		of Person		
P.O. Box 649	Firm/0	Company		
	A	ddress		
Parrish, FL 34219				
tbht2007@yahoo.com	City/Sta	te and Zip code		
	E-mail address: (to be us	sed for future annual rep	ort notification)	·
For further information	concerning this matter, plea	·	,	
Kim Thomas	405	205-9469		
Name of Persor	at (at (Code Daytime To	elephone Number	
STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL Enclosed is a check for	porations 3 Center Circle 32301	Registration Division of P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314	
■ \$70.00 Filing Fee	□ \$78.75 Filing Fee &	□ \$78.75 Filing Fee	_	
	Certificate of Status	Certified Copy	Certificate of Certified Co.	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

Thomas Barrel I	REIGN CORPORATION TO Horse Training, Inc				_0,00	,	
(Enter name of countries," "Co.," "C	orporation; must include "INC orp," "Inc," "Co," or "Corp.")	ORPORATED," "	COMPANY,"	"CORPORATIO	N."		
Oklahoma	able in Florida, enter alternate	2 <i>6</i> 3.	opted for the p 5-0599491				orida)
(State or country July 27, 2007	y under the law of which it is i	ncorporated)		(FEI number, if a	pplicable	:)	
		5					
(Date of incorporation)			(Date of duration, if other than perpetual)				
	(Date first trans (SEE SECTIONS 60)	acted business in F 7.1501 & 607.1502	lorida, if prior !, F.S., to deter	to registration) mine penalty liabi	lity)		
	* 1010	County R		Parrish.	1	342	19
			office address				•••
		(Current mailing	address, if diff	erent)			18
. Name and <u>stree</u> Name:	t address of Florida register Kimala Miller Thomas	red agent: (P.O.	Box <u>NOT</u> ac	ceptable)			FEB -2
Office Address:	15830 County	Rd 675					-
	Parrish			34219		32 14 (5) 73	7.
	(City)		, Florida_	(Zip code)		-	$\bar{\omega}$
	ועזו וו			LID COOPI			

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: Address: __ Vice Chairman: Address: Address: __ **B. OFFICERS** Kimala Miller Thomas President: P.O. Box 649 Address: Parrish, Fl 34219 Vice President: Matthew Thomas ferguson Secretary: P.O. Box 649, Parrish, Fl 34219 Address: _ Kimala Miller Thomas Treasurer: P.O. Box 649, Parrish, FL 34219 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.

Kimala Miller Thomas, President

13. _

OFFICE OF THE SECRETARY OF STATE



CERTIFICATE OF GOOD STANDING

DOMESTIC FOR PROFIT BUSINESS CORPORATION

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that THOMAS BARREL HORSE TRAINING, INC. whose registered agent is Kimala Miller Thomas, with its registered office at 1624 Dogwood Road Ardmore 73401 USA Oklahoma is a Domestic For Profit Business Corporation duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 16th, day of November, 2017.

Secretary Of State

To:

Division of Corporations

From:

Thomas Barrel Horse Training, Inc.

Kim Thomas, President

Date:

January 24, 2018

Subject:

Street Address

Following this cover you will find the correction of address on my application.

If you should require any further documentation and/or have any questions, please don't hesitate to contact me.

6 pages including cover

Faxing 2nd request - I would greatly appreciate if this could get corrected. Realize it was my error but waiting on this to proceed by legal matter. RECEIVED FEB 02 2018

2/2/18
Hopefully I have then p corrected!
Thankyon Tran