

**F1800000551**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

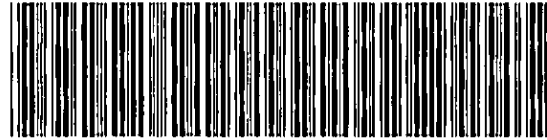
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700306897427

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

18 FEB -2 AM 7:13  
STATE  
TALLAHASSEE FLORIDA

FILED

J. LEGGETT  
FEB 05 2018

W18000003771



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.

Judy A Leggett  
Regulatory Specialist II  
Registration Section

Letter Number: 318A00000858



### 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.

Thomas Barrel Horse Training, Inc

1. \_\_\_\_\_  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  
Oklahoma 26-0599491

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)  
July 27, 2007

4. \_\_\_\_\_ 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 15830 County Rd 675, Parrish, Fl 34219  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

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

Kimala Miller Thomas

Name: \_\_\_\_\_

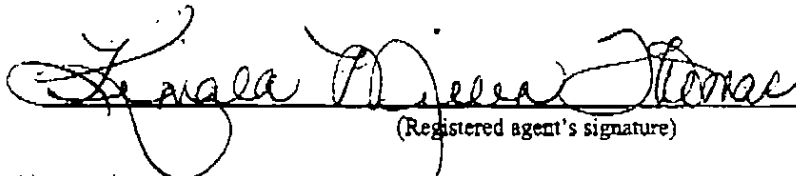
Office Address: 15830 County Rd 675

Parrish, Florida 34219  
(City) (Zip code)

FILED  
18 FEB -2 AM 7:13  
TALLAHASSEE FLORIDA

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: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

Kimala Miller Thomas

President: \_\_\_\_\_

P.O. Box 649

Address: \_\_\_\_\_

Parrish, Fl 34219

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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.

12.  \_\_\_\_\_

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. \_\_\_\_\_

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

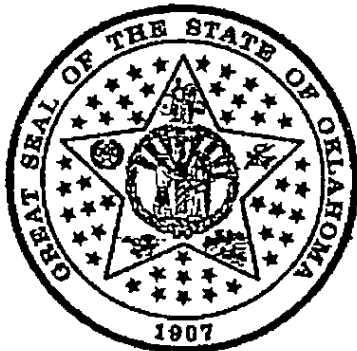
OFFICE OF THE SECRETARY OF STATE



**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.*

*[Handwritten Signature]*

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 w/ legal matter.

RECEIVED  
FEB 02 2018

Tracy

2/2/18

Hopefully I have things corrected!

Thank you Tracy