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COVER LETTER

*				
TO: Registration Section				
Division of Corporations				
Horacle, Inc.				
SUBJECT:				
	Name of corporation	- must include suffix		
Dear Sir or Madam:				
The enclosed "Application by Fo "Certificate of Existence," or "Ce				
above referenced foreign corpora			J	
Please return all correspondence Patrick Horrigan	concerning this matter	r to the following:		
	Name of	Person	**************************************	
Horacle, Inc.				
	Firm/Con			
9535 Barletta Winds Pt	rini/Con	ipany		
	Addr	ess	_	
Delray Beach, FL 33446				
	City/State a	nd Zip code		
pmh24@aol.com	·	•		
E-mai	l address: (to be used	for future annual report	notification)	
For further information concerning	ng this matter, please o	call:		
Patrick Horrigan 70		6086124	6086124	
	at ()		
Name of Person	Area Cod	e Daytime Telep	ohone Number	
STREET/COURIER A	DDRESS:	MAILING A	ADDRESS:	
Registration Section			Registration Section	
Division of Corporations		Division of Corporations		
Clifton Building		P.O. Box 6327		
2661 Executive Center Circle Tallahassee, FL 32301		Tallahassee, FL 32314		
Enclosed is a check for the follow	ving amount:			
	75 Filing Fee & tificate of Status	\$78.75 Filing Fee & Certified Copy	S87.50 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. Horacle, 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) North Carolina 454445655 (FEI number, if applicable) (State or country under the law of which it is incorporated) 1/30/2012 (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 9535 Barletta Winds Pt Delray Beach FL 33446 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Patrick Horrigan Name: 9535 Barletta Winds Pt Office Address: Delray Beach

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.

(City)

(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 Patrick Horrigan Chairman: 9535 Barletta Winds Pt Address: Delray Beach, FL 33446 Vice Chairman: Address: __ Director: Address: Address: **B. OFFICERS** Address: Vice President: ____ Address: __ Secretary: Treasurer: 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. Patrick Horrigan, President 13. _____ (Typed or printed name and capacity of person signing application)



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

HORACLE, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 30th day of January, 2012, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 26th day of July, 2018.

Elaine I Marshall

Secretary of State

Certification# 103075267-1 Reference# 14712963- Page: 1 of 1 Verify this certificate online at http://www.sosne.gov/verification