

F190000000715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

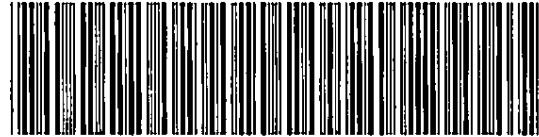
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Rec. 2/6/19

W18000110258

Office Use Only



600321250276

FILED
2019 FEB - 6 PM 12:07
TALLAHASSEE, FL

12/17/18--01018--014 **70.00

1.00
1.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 27, 2018

SARATOGA GROUP INC.
TERESA MARSH
195 PARK STREET
AUBURN, CA 95603 US

SUBJECT: SARATOGA GROUP INC.
Ref. Number: W18000110258

We have received your document for SARATOGA GROUP 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 registered agent must sign accepting the designation.

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.

Sterling R Abney
Regulatory Specialist II

Letter Number: 218A00026436

2018 DEC 27 4:11:21 PM

COVER LETTER

TO: Registration Section
Division of Corporations
Saratoga Group, Inc.

SUBJECT: _____
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:
Teresa Marsh

_____	Name of Person
Saratoga Group, Inc.	
_____	Firm/Company
195 Park Street	
_____	Address
Auburn, CA 95603	
_____	City/State and Zip code
teresa@saratogagroup.net	

E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Teresa Marsh	916	596-9000
_____	at (_____)	_____
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.

Saratoga Group

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

Saratoga Group, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
California 46-3915557

2. 11/05/13 3. Perpetual
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06/29/2018 5.
(Date of incorporation) (Date of duration, if other than perpetual)

6. 195 Park Street, Auburn, CA 95603
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7.
(Principal office address)

(Current mailing address, if different)

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

Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee . Florida 33470
(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.



Patricia Reyes on behalf of InCorp Services, Inc.

(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
2019 FEB -6 PM 12:07
TALLAHASSEE, FL

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

A. DIRECTORS

Sam Hales

Chairman: _____
195 Park Street

Address: _____
Auburn, CA 95603

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

Sam Hales

President: _____
195 Park Street

Address: _____
Auburn, CA 95603

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. _____
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.

Sam Hales, President

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

FILED
2019 FEB -6 PM 12:07
TALLAHASSEE, FL

State of California
Secretary of State
CERTIFICATE OF STATUS

ENTITY NAME:

SARATOGA GROUP

FILE NUMBER: C3617202
FORMATION DATE: 11/05/2013
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of December 10, 2018.

ALEX PADILLA
Secretary of State

MAR