

F19000003001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

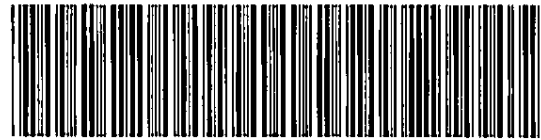
(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JUL 1 2019

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 6, 2019

MICHEL TELSON
3900 WOODLAKE BLVD.
SUITE:201C
GREEN ACRES, FL 33463

SUBJECT: FLYING HORSE COMMUNICATION, INC.
Ref. Number: W19000054129

We have received your document for FLYING HORSE COMMUNICATION, 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6052.

Yvette Scott
Document Specialist II

Letter Number: 019A00011275

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Flying Horse Communication, Inc.
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:
Michel Telson

Name of Person

Firm/Company

3900 Woodlake Blvd suite 201c

Address

Green Acres, FL 33463

City/State and Zip code

micheltelson@gmail.com

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

For further information concerning this matter, please call:

Murray Steinman 406 581-9664
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

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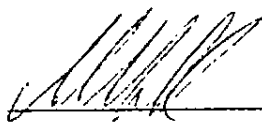
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*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. Flying Horse Communication Inc
(Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
2. Montana 3. 81-0537922
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/20/2000 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. 212 Discovery Drive Suite D, Bozeman, MT 59718
(Principal office address)
- _____ (Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Michel Telson
- Office Address: 3900 Woodlake Blvd suite 201 C
- Green Acres , Florida 33463
(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.

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

A. DIRECTORS

Chairman: Murray Steinman
Address: 21 Discovery Drive, Suite D, Bozeman, MT 59718

Vice Chairman: _____
Address: _____

Director: _____
Address: _____

Director: _____
Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: Murray Steinman
Address: 212 Discovery Drive, Bozeman, MT 59718

Vice President: _____
Address: _____

Secretary: Deborah Smart
Address: 212 Discovery Drive, Suite D, Bozeman, MT 59718

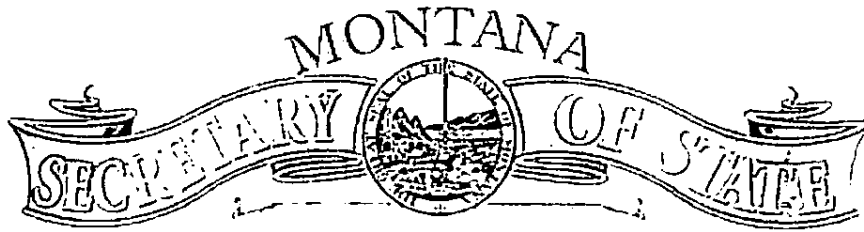
Treasurer: Deborah Smart
Address: 212 Discovery Drive, Suite D, Bozeman, MT 59718

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

12. Murray Steinman
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. Murray Steinman, Chairman
(Typed or printed name and capacity of person signing application)



CERTIFICATE OF EXISTENCE

I, COREY STAPLETON, Secretary of State for the State of Montana, do hereby certify that:

FLYING HORSE COMMUNICATION, INC.

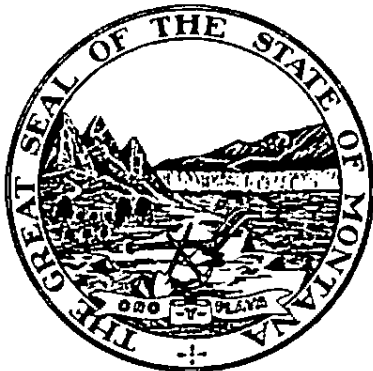
duly filed its Articles Of Incorporation for the domestic entity in this office on December 20, 2000, and on that date was authorized to transact business in this state for a term of Perpetual duration.

Payment is reflected in the records of the Secretary of State for all fees owed the Secretary of State.

The most recent annual report has been filed with this office.

No articles of dissolution have been placed on record in this office by said corporation and the records indicate the corporation is in good standing under the laws of the State of Montana.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on tax status.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 14th day of June, 2019.

COREY STAPLETON
Montana Secretary of State
Certificate Number: 061420190665

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