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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

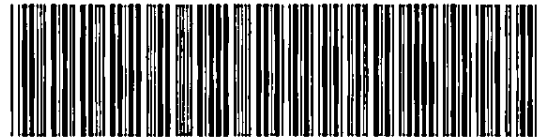
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SEP 30 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dorie Addy-Crow Dressage 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:

James S. Crow

Name of Person

Dorie Addy-Crow Dressage Inc.

Firm/Company

24 Clearview Ct. N

Address

Palm Coast, FL 32137

City/State and Zip code

jcowl7602@yahoo.com

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

For further information concerning this matter, please call:

James S. Crow

at (717) 606 - 6491

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. Dorie Addy-Crow Dressage Inc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. Pennsylvania 3. 203068947
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. July 11, 2005 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. 24 Clearview Ct. N Palm Coast, FL 32137
(Principal office address)
- _____
(Current mailing address, if different)

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

Name: James S. Crow

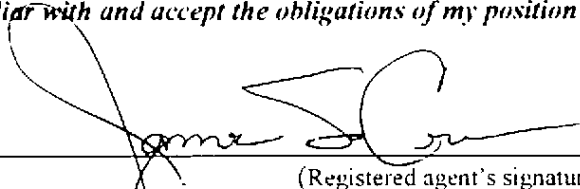
Office Address: 24 Clearview Ct. N

Palm Coast, Florida 32137
(City) (Zip code)

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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

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

A. DIRECTORS

Chairman: Dorie Crow
24 Clearview Ct. N
Address: Palm Coast, FL 32137

Vice Chairman: James S. Crow
24 Clearview Ct. N
Address: Palm Coast, FL 32137

Director:
Address:

Director:
Address:

B. OFFICERS

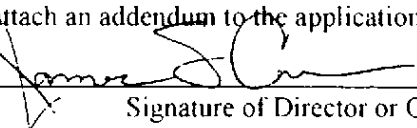
President: Dorie Crow
24 Clearview Ct. N
Address: Palm Coast, FL 32137

Vice President: James S. Crow
24 Clearview Ct. N
Address: Palm Coast, FL 32137

Secretary: James S. Crow
24 Clearview Ct. N Palm Coast, FL 32137
Address:

Treasurer: James S. Crow
24 Clearview Ct. N Palm Coast, FL 32137
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.

13. James S. Crow Vice President
(Typed or printed name and capacity of person signing application)

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

08/27/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

DORIE ADDY-CROW DRESSAGE INC

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Kathleen Bookman

Acting Secretary of the Commonwealth

Certification Number: TSC190827120977-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>