

F20000003361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

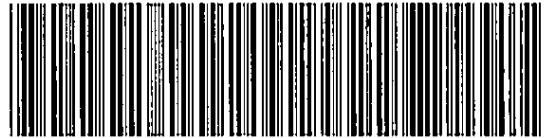
(Business Entity Name)

(Document Number)

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

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AUG - 3 2020

M. SOLOMON

Adrienne Shaffer  
2101 Lakeview Drive  
Royal Palm Beach, FL 33411  
561-644-5086

July 13, 2020

**VIA US MAIL**

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Equestrian Apparel Ltd., Inc.  
Ref. Number W20000045322  
Alternate Name

To Whom It May Concern:

I attach all correspondence between the Division of Corporations and myself.

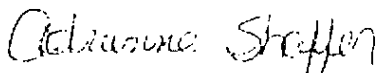
Pursuant to my discussion with your department back in May, Equestrian Apparel Limited is available.

I recently withdrew the company, Equestrian Apparel, Inc. so from here forward there should be no issue.

Can you please file the Equestrian Apparel Ltd., Inc. Application to Transact Business, or in the alternative Equestrian Apparel Limited, Inc.

Should you need anything further, please contact me at 561-644-5086.

Thank you.



Adrienne Shaffer

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Equestrian Apparel Ltd., 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:

Adrienne Shaffer

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

2101 Lakeview Drive W

\_\_\_\_\_  
Address

Royal Palm Beach, FL 33411

\_\_\_\_\_  
City/State and Zip code

shafferadrienne50@gmail.com

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

For further information concerning this matter, please call:

Robert Lenhard

at ( 561 ) 723-2645

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>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.

Equestrian Apparel Ltd., Inc.

(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)

2. Delaware 3. applied for  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/20/2020 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. 2101 Lakeview Drive W, Royal Palm Beach, FL 33411  
(Principal office **street** address)

(Current mailing address, if different)

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

Name: Adrienne Shaffer

Office Address: 2101 Lakeview Drive W

Royal Palm Beach, Florida 33411  
(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.*

Cedronne Shaffer

(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

# A. DIRECTORS

☐ Chairman Name: Robert Lenhard  
☐ Vice Chairman Address: 11722 Whitmarsh Drive  
☐ Director Wellington, FL 33414  
☒ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Adrienne Shaffer  
☐ Vice Chairman Address: 2101 Lakeview Dr. W  
☒ Director Royal Palm Beach, FL 33411  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. Adrienne Shaffer  
 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. Adrienne Shaffer REGISTERED AGENT / Director  
 (Typed or printed name and capacity of person signing application)

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# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EQUESTRIAN APPAREL LTD., INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF MAY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EQUESTRIAN APPAREL LTD., INC." WAS INCORPORATED ON THE TWENTIETH DAY OF APRIL, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.



7941526 8300

SR# 20203899064

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock Secretary of State" is printed in a small font.

Authentication: 202931171

Date: 05-14-20



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 29, 2020

ADRIENNE SHAFFER  
2101 LAKEVIEW DRIVE W  
ROYAL PALM BEACH, FL 33411

SUBJECT: EQUESTRIAN APPAREL LTD., INC.  
Ref. Number: W20000045322

We have received your document for EQUESTRIAN APPAREL LTD., INC. .  
However, the enclosed document has not been filed and is being returned to you  
for the following reason(s):

The alternate name selected for your corporation is not available in Florida.  
Please select a new alternate name that contains "Incorporated," "Company,"  
"Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." You may make the  
corrections to the alternate name in the space provided in number one of the  
application.

If you have any questions concerning the filing of your document, please call  
(850) 245-6051.

Mel Solomon  
Senior Section Administrator

Letter Number: 820A00010679

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JUL 21 2020



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 7, 2020

ADRIENNE SHAFFER  
2101 LAKEVIEW DRIVE W  
ROYAL PALM BEACH, FL 33411

SUBJECT: EQUESTRIAN APPAREL LTD., INC.  
Ref. Number: W20000045322

We have received your document for EQUESTRIAN APPAREL LTD., INC. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

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.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon  
Regulatory Specialist II Supervisor

Letter Number: 920A00009377

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