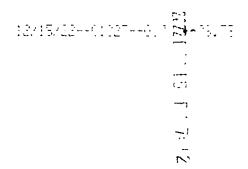
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(Requestor's Name)
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PICK-UP WAIT MAIL
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Office Use Only



400398080494



S. FRANKLIN

JAN - 4 2023

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Life Horse at Good Review Form Inc
Dear Sir or Madam:
The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida". "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.
Please return all correspondence concerning this matter to the following:
Stacy Water our Name of Person Life Hase at Grand Review Form
Rachester Hills MI 48307 City/State and Zip Code Stacy Q is February Code E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Stocy Woter ous at (586) Area Code Daytime Telephone Number
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$70.00 Filing Fee \$78.75 Filing Fee & \$78.75 Filing Fee & \$87.50 Filing Fee. Certificate of Status Certified Copy Certified Copy

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA: (Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.) (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) tate or country under the law of which it is incorporated (Date of duration, if other than perpetual) (Date first conducted affairs in Florida if prior to registration, See sections 617,1501 & 617,1502, F.S. to determine penalty liability.) (Current mailing address, it different) (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Office Address:

10. Registered agent's acceptance:

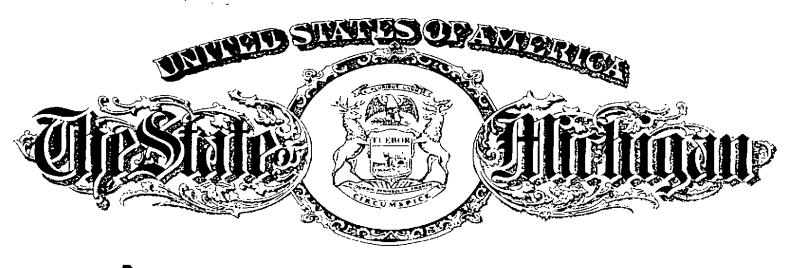
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

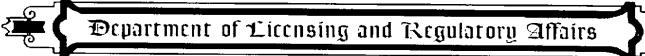
(Registered agent's signature)

11. 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.

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

A. DIRECTOR			Λ $\alpha \cap A$	
□Chairman	Name: Stacy Waterous	□Chairman	Name: Haron I'm, ellust	
□Vice Chairman	Address: 437 WMY I	□Vice Chairman	Address: 427 W.M) D	
Director	Rochester Hilly MI	□Director	Rochester Wills, MI	
Beresident	48367	□President	48307	
□Vice President		Vice President		
□Secretary	□Treasurer	☐ Secretary	□Treasurer	
□Other:	Other:	□Other:	Other:	
□Chairman	Name: Dawn Walter	□Chairman	Name: Sherrie Bergman	
□ Vice Chairman	Address: 5311 Tide Water	□Vice Chairman	Address: 60383 Cottage	
□Director	Leesburg, FL	Deirector	W:11 .PC 0	
□President	34748	□President	Washington MI	
□Vice President		□Vice President	JU8094	
₿Şecretary	Treasurer	Secretary	☐ Treasurer	
□Other:	□ Other:	□Other:	Other:	
□Chairman	Name: Charo Gulewicz	□Chairman	Name: Stephonie: Gothie	
□ Vice Chairman	Address: 1405 Brys D.	□Vice Chairman	Address: 1620 Than Pines	
B Director	Grosse Bointe	Director	Circle	
□President	Woods MI	□President	Cantonment FL	
□Vice President	48236	□Vice President	32533	
□Secretary	□Treasurer	Secretary	□Treasurer	
□Other:	Other:	□Other:	Other:	
NOTE: 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. 13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)				
14	(Typed or printed name and capacity of per	rson signing applica	Pres de	





Lansing, Michigan

This is to Certify That

LIFEHORSE AT GRAND REVIEW FARM

was validly Incorporated on April 15, 2002 as a Michigan nonprofit corporation, and said corporation is validly in existence under the laws of this state.

7.7.

This certificate is issued pursuant to the provisions of 1982 PA 162 to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to conduct affairs in Michigan and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by electronic transmission

Certificate Number: 22120228409

Sont by plantropia transmission

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Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 12th day of December, 2022.

Verify this certificate at: URL to eCertificate Verification Search http://www.michigan.gov/corpverifycertificate.