F9500003475

TO: QUALIFICATION/TAX LIEN SECTION DIVISION OF CORPORATIONS

CUCOCUCO 1 5 3 1 CO 1 CO -07/06/95--01065--013 +++++78.75 +++++78.75

app.

SUBJECT: Se	eager Canine Semen Bank, Inc.		
	(Name of corporation - must include suffix)		
D 01: 188 J			
Dear Sir or Madam			
Florida", "Cortific	oplication by Foreign Corporation for Authorization to Trans ate of Existence", and check are submitted to register the at a to transact business in Florida.	act Business in pove referenced	
Please return all co	rrespondence concerning this matter to the following:		
	Carol_Schubert		
	(Name of Person)		
	Seager Canine Semen Bank, Inc.		
	(Firm/Company)	10	
	4544 Beacon Dr	(m)	
	(Address)		
	Sarasota F1 34232	心 (4)	
	(City, State and Zip Code)		
Should you need to call someone concerning this matter, please call:			
<u>Carol Schub</u> (Name of		mtn	

COURIER ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



July 6, 1995

CAROL SCHUBERT 4544 BEACON DR. SEAGER CANINE SEMEN BANK, INC. SARASOTA, FL 34232

SUBJECT: SEAGER CANINE SEMEN BANK, INC.

Ref. Number: W95000013637

We have received your document for SEAGER CANINE SEMEN BANK, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Written approval and clearance of the terms BANK, BANKER, BANC, BANKING, TRUST COMPANY, BANCSHARES, SAVINGS & LOAN ASSOCIATION, SAVINGS BANK, or CREDIT UNION must be obtained from the Division of Banking and Finance, pursuant to section 655.922(2a), Florida Statutes. The address is:

Division of Banking Director's Office Suite 1401, The Capitol Tallahassee, FL 32399-0350 (904) 488-1111.

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 (904) 487-6097.

Michael Mays Document Specialist

Letter Number: 595A00032790



OFFICE OF COMPTROLLER DIPARMENT OF BANKING AND HNANCE STATE OF FLORIDA TALLAHASSEE 12399-0350

July 17, 1995

Ms. Carol Schubert 329 Sioux Park Forest, IL 60466

Dear Ms. Schubert:

Ro: "Seager Canino Somon Bank, Inc."

Your letter of July 10, 1995, requests approval for use of the above-referenced name. It is the opinion of this Department that your name is definitive enough to differentiate the business being conducted from that of a commercial bank or trust company. Therefore, the Department does not object to your use of the above-referenced name being registered to conduct business in the State of Florida.

Sincerely,

Wm. Douglas Johnson Assistant Director Division of Banking Suite 1401, The Capitol Tallahassee, FL 32399-0350 (904) 488-1111

:kr

cc: Karon Beyer, Chief
Bureau of Corporate Records
Division of Corporations
Secretary of State's Office

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:

2. L1 Linoi. (State or country under the law)	of which it is incorporated) 3	36-3460801 FEI number, if applicable	1
4. July 25, 1986	5. <u>per</u> (Duration: Yo	patual ar corp. will ceaso to exis	Cleutograge no t
			!
(Date first transacted business i	cation n Florida (See sections 607.1501, 607.1	502, and 817.155, F.S.)	,
7. <u>4544 Beacon</u>	Drive		
Sarasota FL			,
Sarasoca FD	reant mailing address)		
	rrent mailing address) aintain and inseminat research of dogs and e furtherance of the uthorized in home state or country		
9. Name and street addre	ess of Florida registered ag	gent:	
	ess of Florida registered as		
Name:			
Name: Office Address:	Carol SChubert 4544 Beacon Dr		34232
Name: Office Address:	Carol SChubert	, Florida ,	34232 {Zip Code}
Name: Office Address:	Carol SChubert 4544 Beacon Dr Sarasota	, Florida ,	34232 {Zip Code}
Name: Office Address: 10. Registered agent's act Having been named as registered agent and agree of all statutes relative to the	Carol SChubert 4544 Beacon Dr Sarasota	service of process for , I hereby accept th ner agree to comply v rmance of my duties,	(Zip Code) r the above stated e appointment as with the provisions
Name: Office Address: 10. Registered agent's act Having been named as registered agent and agree of all statutes relative to the with and accept the obligati	Carol Schubert 4544 Beacon Dr Sarasota cceptance: istered agent and to accept sesignated in this application to act in this capacity. I further proper and complete performance.	service of process for , I hereby accept th ner agree to comply v rmance of my duties, ered agent.	(Zip Code) r the above stated e appointment as with the provisions

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.	Names and addresses of officers and/or directors: address ONLY- P. O. Box NOT acceptable)	(Street
A.	DIRECTORS (Street address only- P. O . Box NOT accept	table)
Chair	rman:	
Addre	088:	
Vice	Chairman:	
Addre	oss:	,
Direc	ctor:	
Addre	oss:	
Direc	ctor:	
	958:	
Audie		
	GICERS (Street address only- P. O. Box NOT acceptable) dent: S.W.J. Seager	
	ess: 108 Trving St NW	
	WAshington DC 29910-2949	·
Vice 1	President:	1/2)
	988:	rj
		Çş
Secret	tary: Carol Schubert	2 .
Addres	ss: <u>4544 Beacon Dr</u>	
	Sarasota F1 34232	
Treasu	urer: Carol Schubert	
Addres	ss:4544 Boacon Dr Sarasota FL 34232	
NOTE: listir	If necessary, you may attach an addendum to the appling additional officers and/or directors.	cation
13	(Signature of Chairman, Vice Chairman, or any officer listed in 12 of the application)	number
14	Carol Schubert Secy-Treas (Typed or printed name and capacity of person signing application)	

File Fumber 5432-575-4



To all to whom these presents Shall Come. Greeting:

9. George H. Ryan. Secretary of State of the State of Allinois.



Un Trs	timonų M	hereof, 🕖	hereta set
my hand a	nd cause to ke	affixed the Gr	cat Scal of
the State of .	Illinais thus	·	21ST
day of	JUNE	<u></u>	95

George & Ryan
SECRETARY OF STATE