F12000010074

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000063712 3)))

H12000063712 3ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: 002132. 163060

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

PLEASE GIVE ORIGINAL SUBMISSION DATE AS FILE DATE 3/9/12

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

PLEASE GIVE ORIGINAL SUBMISSION DATE AS FILE DATE

FOREIGN PROFIT/NONPROFIT CORPORATION

KOOL RIDER INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	$70.00

FILED
12 MAR -9 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
12 MAR 12 PM 4:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

VH

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PLEASE GIVE ORIGINAL SUBMISSION DATE AS FILE DATE
3/9/12

March 12, 2012

CORPDIRECT AGENTS, INC.

,

SUBJECT: KOOL RIDER INC.
REF: W12000014067

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

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

Valerie Herring
Regulatory Specialist II
New Filing Section

FAX Aud. #: H12000063712
Letter Number: 212A00009062

PLEASE GIVE ORIGINAL SUBMISSION DATE AS FILE DATE

H12000063712 3

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Kool Rider 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:

Denise Bell
Name of Person

NRAI Corporate Services
Firm/Company

16055 Space Center Blvd., Ste. 235
Address

Houston, TX 77062
City/State and Zip code

dbell@nrai.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Denise Bell at (800) 882-5438
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filing 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

H12000063712 3

H12000063712 3

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. Kool Rider 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. New Jersey
(State or country under the law of which it is incorporated)

3. 27-2301481
(FEI number, if applicable)

4. 03/30/2010
(Date of incorporation)

5. Perpetual
(Duration: Year corp. will cease to exist or "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. 622 Wayne Ave, Haddonfield, NJ 08033
(Principal office address)

622 Wayne Ave, Haddonfield, NJ 08033
(Current mailing address)

8. Sales of bicycle accessories
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: NRAI Services, Inc.

Office Address: 515 East Park Avenue

Tallahassee, Florida 32301
(City) (Zip code)

FILED
12 MAR -9 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

NRAI Services, Inc.

By: _____
(Registered agent's signature)

Denise Bell, Asst. Secy.

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.

FILED H12000063712 3

12 MAR -9 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Howard McClurd

Address: 622 Wayne Ave, Haddonfield, NJ 08033

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Howard McClurd

Address: 622 Wayne Ave, Haddonfield, NJ 08033

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. _____
(Signature of Director or Officer listed in number 12 of the application)

14. Howard McClurd, President
(Typed or printed name and capacity of person signing application)

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY H12000063712 3
SHORT FORM STANDING

KOOL RIDER INC

0400340032

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on March 30, 2010.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Howard Mcclurd
622 Wayne Ave
Haddonfield, NJ 08033

FILED
12 MAR -9 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 9th day of March, 2012

Andrew P Sidamon-Eristoff
State Treasurer

Certification# 123387835

Verify this certificate at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

H12000063712 3