

F17000000037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

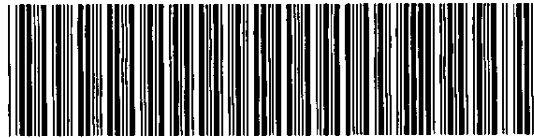
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900295106269

02/03/17--01008--016 **70.00

FEB 06 2017
S. YOUNG

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 FEB -3 PM 3:36

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RECREATION SUPPLY CO., 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:
CRAIG (CAL) HAUGLAND

RECREATION SUPPLY CO., INC.	Name of Person
PO BOX 2757	Firm/Company
BISMARCK, ND 58502	Address
CALH@RECSUPPLY.COM	City/State and Zip code
E-mail address: (to be used for future annual report notification)	

FILED
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
17 FEB - 3 PM 3:47

For further information concerning this matter, please call:

CAL HAUGLAND	701	222-4860
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

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.

RECREATION SUPPLY CO., INC.

1. (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. NORTH DAKOTA 3. 45-0356327 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1980 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. 515 AIRPORT RD, BISMARCK ND 58504 (Principal office address)

PO BOX 2757, BISMARCK, ND 58502 (Current mailing address, if different)

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

Name: THOMAS QUINLAN

Office Address: 408 CRESCENT POND DR

SAINT JOHNS Florida 32259 (City) (Zip code)

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA 17 FEB -3 PM 3:47

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: ERLING HAUGLAND

Address: 2216 SHOAL LP SE

MANDAN, ND 58554

Vice President: CRAIG (CAL) HAUGLAND

Address: 2204 SHOAL LP SE

MANDAN, ND 58554

Secretary: KARI DICKEY

Address: 901 E BRISTOL DR, BISMARCK ND 58501

Treasurer: _____

Address: _____

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

12. Cal Haugland

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. CRAIG (CAL) HAUGLAND, VP

(Typed or printed name and capacity of person signing application)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 FEB - 3 PM 3:47

State of North Dakota

SECRETARY OF STATE



CERTIFICATE OF GOOD STANDING OF

RECREATION SUPPLY CO., INC.

The undersigned, as Secretary of State of the State of North Dakota, hereby certifies that RECREATION SUPPLY CO., INC. , a North Dakota BUSINESS CORPORATION, was incorporated in this office on March 10, 1980 and, according to the records of this office as of this date, has paid all fees due this office as required by North Dakota statutes governing a North Dakota BUSINESS CORPORATION.

ACCORDINGLY the undersigned, as such Secretary of State, and by virtue of the authority vested in him by law, hereby issues this Certificate of Good Standing to

RECREATION SUPPLY CO., INC.

Issued: January 20, 2017

A handwritten signature in cursive script, reading "Alvin A. Jaeger".

Alvin A. Jaeger
Secretary of State

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 FEB -3 PM 3:47