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To:	Registration Se Division of Cor							
SUBJI	ест: <u>А</u>	thony (Nam	Costar ne of corporat	720, I	clude suffix)			
Dear S	ir or Madam:		-					
"Certif	closed "Applicat ficate of Existence t business in Flo	e", and check are						
Please	return all corresp	ondence concern	ning this matt	er to the follo	owing:			
		Anthony	Costar (Name	ファク of Person)				
		Anthony			<u> </u>	-08/28 -08/28 ****	3 (5210 /0001120- 11 (0) **** <i>18 75</i>	-004 ***********************************
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	<u></u>	6672 N.	(Ad	ldress)			3.55 3.55 3.55 3.55 3.55 3.55 3.55 3.55	
		Morristo	o. Fl	326	6 S		AUG AET	13
			(City/S	state/Zip)	00	_	75 AN - 1	<u></u>
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3000	xx a Costa	<u> MZO</u>	_ at (35 a) 671	<u>- 3398</u>			
	(Name of Pers	on)	(Arc	ea Code & Da	aytime Teleph	one Numbe [<u>r)</u>	. 1
						. t	W-49	21
STRE	ET ADDRESS:			MAILIN	G ADDRESS	» (K 8-5,	/
Divisio 409 E.	ration Section on of Corporation Gaines St. assee, FL 32399	S	- -	Division of P.O. Box	on Section of Corporation 6327 ee, FL 32314	ns		
Enclose	ed is a check for	the following an	iount:					
□ \$70.	.00 Filing Fee	\$78.75 Filin Certificate	_	S78.75 Fill Certified	•	Certifi	Filing Fee, icate of Status & ied 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. Anthony Costanzo, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "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.) 2. Minnesota
(State or country under the law of which it is incorporated)

3. 41-1789435
(FEI number, if applicable) 4. 8/1/94 5. not determined (Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. a. 6672 N.W. 150th Ave, morriston, F1 32668

(Principal office address)

b. 6672 N.W. 150th Ave, Morriston, F1 32668

(Current mailing address) Horse Business
(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 or Mail Drop Box NOT acceptable Name: Anthony Costunzo 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.

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 business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman:	
Address:	
	· · · · · · · · · · · · · · · · · · ·
Vice Chairman:	
Address:	
Director	
Director:	
Address:	
Director:	
Address:	
3. OFFICERS	
President: Anthony Costanzo Address: 6672 N.W. 150th Ave	· · · · · · · · · · · · · · · · · · ·
Address: 6612 N.W. 15012 AVE	
Morriston F1 32668	
/ice President:	
ddress:	CRE
	FIL 3 28 4SS
ecretary: John Castro	OF PH ED
ddress: One Merrill Circle	5. C
St. Paul, MN 55108	9
reasurer: John Castro	·
ddress: One Merrill Circle	
St. Paul, MN 55108	
OTE: If necessary, you may attach an addendum to the application listing addition	nal officers and/or directors.
(Signature of Chairman, Vice Chairman, or any officer listed in num	ther 12 of the application)
. Anthony Costanzo, President	12 of the application)
(Typed or printed name and capacity of person sig	ning application)

state of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

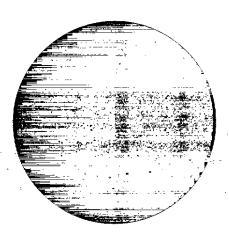
I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: Anthony Costanzo, Inc.

Date Formed: 08/01/1994

Chapter Governed By: 302A

This certificate has been issued on 08/18/00.



Mary Kiffmeyer Secretary of State.