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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Booking Manual)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

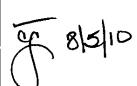


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2010 AUG -2 PM 4: 08

SECRETARY OF SHARE



COVER LETTER

TO:	New Filing S Division of C					
SUBJ	ECT:	United St Name of Corporat	tates Pony Clubs, Inc.			
Dear S	Sir or Madam:					
"Certi	ficate of Existen		fit Corporation for Authorization Standing" and check are submitte lorida.			
Please	return all corres	pondence concerning this m	atter to the following:			
			Name of Person			
		HEINIT	y Fundraising Ragio	itration		
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		1)er	ity/State and Zip Code			
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For fu	rther information	concerning this matter, ple	ase call:			u
	Marc	of Person at	(303) 578-962 Area Code & Daytime Teleph	one Number	2010 AUG	DIVISION
	MAILING AI			IER ADDRESS:	2-3	
	New Filing Se Division of Co		New Filing Section Division of Corporate Properties New Filing Section New Filing Se		PH	事業問
	P.O. Box 6327 Tallahassee, F.		Clifton Building 2661 Executive C	enter Circle	÷	SAN A
	i ananassee, F	L 32314	Tallahassee, FL 3		80	AST
Enclos	sed is a check for	the following amount:				
□ \$7	0.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee. Certificate of Statu Certified Copy		

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

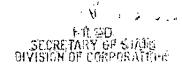
IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1.	United States Pony Clubs, Inc.	
i i	(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.)	
2.	Kentucky 3 61-1352306	
	(State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (FEI number, if applicable)	
4.	(Date of Incorporation) 5. perpetual (Duration: Year corp. will cease to exist or "perpetual")	
6.	July 1,2010	
	(Date first conducted affairs in Florida if prior to registration, See sections 617.1501 & 617.1502, F.S, to determine penalty liability.)	
7.	4041 Iron Works Parkway Lexington KY 40511-8483	
	(Principal office address)	
	4041 Iron Works Parkway Laxington KY 40511-8483	
	(Current mailing address)	
8.	Promoting and executing a program of teaching Tiding, mounted sports care of norses and portion to youth, them by developing responsibility more in the state of Florida)	and the
ω.	(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)	SECRET
	Name: Northwest Registered Agent LLC	
O	office Address: 2022-2 Raymond Diehl Rd	200 200 200 200 200
	Tallahassee , Florida 32301	and the same of th
	Tallahassee , Florida 32301	, 11 ₂
H. de fu	0. Registered agent's acceptance: Inving been named as registered agent and to accept service of process for the above stated corporation at the place esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. In the agree to comply with the provisions of all statutes relative to the proper and complete performance of my during I am familiar with and accept the obligations of my position as registered agent.	e I ties,
	Dan Keen-Manager	
	(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. Names and addresses of officers and/or directors:

A. DIRECTORS



2018 AUG -2 PM 4: 08 Chairman: see attached for all officers/directors Address: Vice Chairman: Address:_ Address: Director:___ Address: **B. OFFICERS** President:_____ Address:___ Vice President: Address:__ Secretary:__ Address:___ Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) (Typed or printed name and capacity of person signing application) Thomas

Supplemental Information

SECRETARY OF SIAN DIVISION OF CORPORATIONS

2010 AUG - 2 PM 4: 09
List the names, titles, addresses, (street & P.O., City, State, Zip), telephone numbers and emails of officers, directors, trustees, and the principal salaried executives of organization. When complete type "No More Entries" in the next Name line & leave remaining blank. If you need to add add'l individuals, please contact the office for another form.

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3323 Chimney Rock Rd., Hendersonville, No. 28792	859-254-7669		See Comments
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Affinity Fundraising Registration

	Client Questionnaire - Supplemental Information		•	Page 4
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	Name	Title SIVISION OF	,,,,,,,	Salaried
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7/20/2010

Commonwealth of Kentucky Trey Grayson, Secretary of State

Division of Corporations Business Filings P. O. Box 718 Frankfort, KY 40602 (502) 564-3490 http://www.sos.ky.gov

Certificate of Existence

Authentication Number: 101212

Visit http://apps.sos.ky.gov/business/obdb/certvalidate.aspx to authenticate this certificate.

I, Trey Grayson, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records of the Office of the Secretary of State,

THE UNITED STATES PONY CLUBS, INC.

is a nonprofit corporation duly incorporated and existing under KRS Chapter 273, whose date of incorporation is August 23, 1999 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of state have been paid; that articles of dissolution have not been filed, and that the most recent annual report required by KRS 273.3671 has been delivered to the Secretary of State.

IN WITNESS THEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 20th day of July, 2010.

SECRETARY OF SIMPLE PRIVISION OF CORPORALISM



Toby

Trey Grayson
Secretary of State
Commonwealth of Kentucky
101212/0479190