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TRANSMITTAL LETTER

To: Registration Section
Division of Corporations

SUBJECT: ALBATROZ BLOODSTOCK AGENCY, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

900003462459--4
-11/14/00--01018--002
*****70.00 *****70.00

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida",
"Certificate of Existence", 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:

W - 27312

RENATO GAMZEIRO ALVARES FILHO
(Name of Person)

ALBATROZ BLOODSTOCK AGENCY, INC
(Firm/Company)

838 E. EUCLID AVENUE, SUITE 407
(Address)

LEXINGTON, KY 40502
(City/State/Zip)

Should you need to call someone concerning this matter, please call:

M. CRISTINA G. ALVARES at (859) 266-3489
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
- 12/5



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

November 17, 2000

RENATO G. ALVARES FILHO
838 E. EUCLID AVE., STE 407
LEXINGTON, KY 40502

SUBJECT: ALBATROZ BLOODSTOCK AGENCY, INC.
Ref. Number: W00000027372

We have received your document for ALBATROZ BLOODSTOCK AGENCY, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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 (850) 487-6097.

Michael Mays
Document Specialist

Letter Number: 000A00059183

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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. ALBATROZ BLOODSTOCK AGENCY, 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. KENTUCKY

(State or country under the law of which it is incorporated)

3. 61-1185073

(FEI number, if applicable)

4. FEBRUARY 20, 1990

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. 7/14/00

(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. 838 E. EUCLID AVENUE SUITE # 407 - LEXINGTON - KY 40502
(Principal office address)

b. 838 E. EUCLID AVENUE SUITE 407 - LEXINGTON - KY - 40502 - USA
(Current mailing address)

8. RACING HORSES

(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

, Florida

33324

(Zip code)

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.

Susan J. Metz

(Registered agent's signature)

Susan J. Metz, Assistant Secretary

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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: RENATO GAMEIRO ALVARES FILHO

Address: 838 E. EUCLID AVENUE SUITE # 407

LEXINGTON - KY 40502 USA

Vice President: MARIA CRISTINA GAMEIRO ALVARES

Address: 838 E. EUCLID AVENUE SUITE # 407

LEXINGTON, KY 40502 USA

Secretary: MARIA CRISTINA GAMEIRO ALVARES

Address: 838 E. EUCLID AVENUE SUITE # 407

LEXINGTON - KY 40502

Treasurer: MARIA CRISTINA GAMEIRO ALVARES

Address: 838 E. EUCLID AVENUE SUITE # 407

LEXINGTON - KY 40502

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

13. Renato Gameiro Alvares Filho
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Renato Gameiro Alvares Filho President

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



John Y. Brown III
Secretary of State

Certificate of Existence

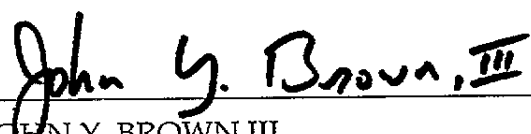
I, JOHN Y. BROWN III, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

ALBATROZ BLOODSTOCK AGENCY, INC.

is a corporation duly organized and existing under KRS Chapter 271B, whose date of incorporation is February 20, 1990 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 271B.16-220 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 13th day of September, 2000.


JOHN Y. BROWN III
Secretary of State
Commonwealth of Kentucky

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TAMM-ASSEE-11