

Florida Department of State

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FOREIGN PROFIT/NONPROFIT CORPORATION

Bluelris Stables, Inc.

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

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IN COMPLIANCE WITH SECTION 607.1503. FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO

(If name unavaile	able in Florida, enter alternate corporate name	e adopted for the purpose of transacting bu	siness in Florida)
	y under the law of which it is incorporated)	(FEI number, if applica	able)
	MBER 23, 2014 5	PERPETUAL	•
•	of incorporation) NOUALIFICATION	(Duration: Year corp. will cease to exis	st or "perpetual")
		in Florida, if prior to registration) 502, F.S, to determine penalty liability)	
17590	SHETLAND LANE, LOXAH	IATCHEE, FLORIDA 334	70
17590	(Principal office add SHETLAND LANE, LOXAH	-	
	(Current mailing ad		7.0
Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)	15 SEC TALL
Name:	DR. LEON H WASHINGTON,	SR.	FEB -
ffice Address:	17590 SHETLAND LAN	E	\$ 5
J11100 1 Ludi C03.	LOXAHATCHEE	, Florida 33470	Corp.
	(City)	(Zip code)	GRA O
aving been nam	ent's acceptance: ed as registered agent and to accept serv application, I hereby accept the appoint	vice of process for the above stated co	rporation at the pla
	omply with the provisions of all statutes	relative to the proper and complete p of my position as registered agent.	erformance of my

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.

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1. Names	and business addresses of officers and/or directors:					
A. DIREC	DIRECTORS H1			5000026054 3		
Chairman:						
Address:						
 ice Chairn	nan:					
				 		
	DR. LEON H WASHINGTON, SR.			 		
Address:	17590 SHETLAND LANE, LOXAHATCHEE, FLORIDA	3347	70			
 Director:	DR. VANESSA M JONES-WASHINGTON					
Address: _	17590 SHETLAND LANE, LOXAHATCHEE, FLORIDA	\ 3347	70			
		SEC ALL	55			
 Vice Preside	ent:	> 20 DE 20 TO 20 T	18	77		
Address:		<u> </u>	Ω A±	III		
 		F_0x1	0: 0:	J		
Address:		S _{im}				
reasurer:						
Address: _						
NOTE: If	necessary, you may attach an addendum to the application listing additional officers an	d/or direc	tors.			
2	Orfen Helfor					
ire true and	Signature of Director of Officer or director signing this document (and who is listed in number 12 above) affirms that if that he or she is aware that false information submitted in a document to the Department for the felony as provided for in s.817.155, F.S.					
13	DR. LEON H WASHINGTON, SR., DIRECTOR H15	0000260)54 3			
-	(Typed or printed name and capacity of person signing application)					

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UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show BLUEIRIS STABLES, INC., an Ohio corporation, Charter No. 2353402, having its principal location in Girard, County of Trumbull, was incorporated on December 23, 2014 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal-of the Secretary of State at Columbias Ohlow this 26th day of January, A.D. 2015.

Ohio Secretary of State

Validation Number: 201502601403