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♪ PICK-UP	☐ WAIT	MAIL			
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Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
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COVER LETTER

TO: Registration Se Division of Co				
SUBJECT: Erv	in Miller Stable	zs, Inc. ration - must include suffix		
	Name of corpor	ration - must include suffix		
Dear Sir or Madam:				
"Certificate of Existence		n for Authorization to Transa I Standing" and check are sub usiness in Florida.		
Please return all corresp	ondence concerning this n	natter to the following:		
Ervin Miller Name of Person				
	Nam	e of Person		
Ervin Miller Stables, Inc. Firm/Company				
1010111	Firm	Company		
528 Quail Lake Dr Address				
. .	_			
Debo	iry, FL 3	2713 ate and Zip code		
	-			
	MLrstl	sed for future annual report i		
	E-mail address: (to be u	ised for future annual report i	notification)	
For further information	concerning this matter, ple	ease call:		
Me Front Hund	ro . P.C. at (2)	17 \ 698 - 6421		
Name of Perso	n Area	17 (6 98 - 642) Code Daytime Telep	hone Number	
STREET/COURIER ADDRESS: MAILING ADDRESS:				
	Registration Section Registration Section			
	Division of Corporations Clifton Building Division of Corporations P.O. Box 6327			
	2661 Executive Center Circle Tallahassee, FL 32314			
Tallahassee, FL		ramanassee, r	L 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. Ervin Miller Stable, Inc.
(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) (State or country under the law of which it is incorporated)

3. 32-60 (63(6))

(FEI number, if applicable) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) Quail Lake Dr. Debary, FL 32713
(Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Ervin Miller Name: 528 Quail Lake Dr Office Address: Debary, Florida 32713
(City) (Zip code) 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

(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.

duties, and I am familiar with and accept the obligations of my position as registered agent.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: _____ Vice Chairman: Address: ___ Director: Address: Address: B. OFFICERS President: Ervin Miller Address: 528 Quail Lake Dr Debary, FL 32713 Vice President: Address: Secretary: Heidi Miller Address: 528 Quail Lake Dr. Debary, FL 32713 Treasurer: Address: ____ **NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. ____Ervin Miller President

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



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ERVIN MILLER STABLE, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 28, 2003, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 13TH

day of NOVEMBER A.D. 2015

Authentication #: 1531702284 verifiable until 11/13/2016
Authenticate at: http://www.cyberdriveillinois.com

OCCUPATION OF STATE

SECRETARY OF STATE