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| Certified Copies | Certificates | s of Status | | |
| Special Instructions to F | Filing Officer: | | | |
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COVER LETTER

| TO: | _ | ion Section of Corporations | | | | | | | | |
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| SUBJ | ECT: | Atlanta | Equ | estria | ر4 (| Cent | er | Inc | | |
| 2020 | | . | | poration - m | | | | | | |
| Dear S | Sir or Mada | ım: | | | | | | | | |
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| Please | return all o | correspondence cor | cerning thi | s matter to t | he follo | owing: | | | | |
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| For fu | rther inforn | nation concerning t | his matter, | please call: | | | | क्रम व | ח | |
| 10 | an Pas | lo6necce |) at (| 404 | 7: | 8410 | 200 | | | |
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| | Registrati Division Clifton B 2661 Exe | C/COURIER ADD ion Section of Corporations wilding cutive Center Circles, FL 32301 | | | R D P | AAILING egistration of the control o | Section Corpora 27 | i tions | | |
| Enclos | ed is a che | ck for the following | g amount: | | | | | | | |
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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.

| 1 | Atlanta Equestrian Center | |
|--------------------|--|-------|
| (Ente | ter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," c.," "Co.," "Corp," "Inc," "Co," or "Corp.") | |
| | Only Jumpers. COM | |
| (If na | name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) | |
| 2. | ate or country under the law of which it is incorporated) (FEI number, if applicable) | |
| (Sta | | |
| 4 | (Date of incorporation) 5. (Date of duration, if other than perpetual) | |
| | (Date of incorporation) (Date of duration, if other than perpetual) | |
| 6 | March 2015 | |
| | (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) | |
| 7. | 3650 Middleburg Dr, Wellington, FL3 (Principal office address) | 341 |
| | (Principal office address) | |
| | | |
| | (Current mailing address, if different) | |
| 8. Nam | me and street address of Florida registered agent: (P.O. Box NOT acceptable) | |
| | Name: JUAN PADY GRECCO | • |
| Office | Address: 3650 Middleburg Drive 355 > 17 | • |
| omee . | 11 Pllimites 33414 87 5 | |
| | Address: 3600 Macher Old Drock [City] Florida 33414 55 55 | |
| | gistered agent's acceptance: g been named as registered agent and to accept service of process for the above stated corporation at the pa | ace |
| designa further | ated in this application, I hereby accept the appointment as registered agent and agree to act in this capaci r agree to comply with the provisions of all statutes relative to the proper and complete performance of my | ty. I |
| duties, | and I am familiar with and accept the obligations of my position as registered agent. | |
| | $\mathcal{A}\mathcal{D}\mathcal{C}\mathcal{O}(\mathcal{C}\mathcal{C})$ | |

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.

| 11. Names and business addresses of officers and/or directors; | |
|--|---|
| A. DIRECTORS | |
| Chairman: Juan Pasto Conecco | • • • • |
| Address: 3650 middle burg Dr Wellington, FL 33414 | |
| wellington, FL 33414 | |
| Vice Chairman: Elvia Cecilia Gnecco | |
| Address: Same | |
| | |
| Director: | |
| Address: | |
| | |
| Director | |
| Director: | |
| Address: | |
| B. OFFICERS | |
| President: Juan Pablo Gaecco | 2015 ALCU |
| | |
| Address: Same | 250 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| ICI ve Carilia Caracca | |
| Vice President: E (VIA CECILIA GAECCO | ുന്നു ഗ |
| Address: Same | ⊅ 6 8 |
| | |
| Secretary: | 7777 |
| Address: | |
| Treasurer: | |
| Address. | |
| NOTE: If necessary, you may attach an addendum to the application listing additional add | onal officers and/or directors. |
| 12 | |
| Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above are true and that he or she is aware that false information submitted in a document to the state of the stat | |
| a third degree felony as provided for in s.817.155, F.S. | \mathcal{C} |
| 12 | \sim |

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

Control Number: 0636401

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

ATLANTA EQUESTRIAN CENTER INC.

a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number Date Inc/Auth/Filed Jurisdiction Print Date

Form Number

: 05/30/2006 : Georgia : 12/4/2015 : 211

: 12229370



B: fl. Brian P. Kemp Secretary of State