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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T COR

: C T CORPORATION SYSTEM

Account Number : FCA000000023

: (614)280-3338

Phone Fax Number

: (954)288-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			



FOREIGN PROFIT/NONPROFIT CORPORATION MICHELLE NEVIN RACING STABLES INC.

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COVER LETTER

TO:		tration Sc on of Cor	ction porations					
SUBJI	ECT:	MICHEL	LE NEVIN RACI	NG STABLES	INC.			
			Name	of corporation	on - must	include suffix		
Dear Si	ir or M	adam:						
"Certifi	icate of	Existenc	ion by Foreign C e," or "Certificat in corporation to	te of Good St	anding"	and check are sul	nct Business in l binitted to regis	Florida," ter the
Please	return a	all corresp	ondence con ce ri	ning this mat	er to the	following:		
Jacquel	ine Trav	vers						
				Name o	l'Person			***
MICH	LLE N	EVIN RAG	CING STABLES I	NC.				
				Firm/Co				
2940 D	avall Ro	! .		~~~***** - ~ ~~~~~			·····	
				Ado	lress			
Woodbi	ine, ML	0, 21797						
	C			City/State	and Zip	code		
Jay.nav	ersi@en	meast.net	F-mail addres	ss: (In he used	L for fun	re annual report	notification)	
22 1,							71	
For 1ur	iner mi	ormation	concerning this	matter, please	e call:			
Jacqueli	ine Trav	rers		410	489	-7681		
	Name	of Perso	n	Area Co	ode .	Daytime Telep	phone Number	
	Regist Divisi Cliftor 2661 I Tallah	ration Secon of Cor on Building Executive cassee, FL	porations G Center Circle , 32301			MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	
Enclose	ed is a c	check for	the following an	ount:				
□ \$70.	.00 Fili	ng Fee	S78.75 Filir Certificate	_		75 Filing Fee & Med Copy	S87.50 Fi Certifica Certified	te of Status &

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.

	SVIN RACING STABLES INC. orporation; must include "INCORPORATED," "	referred delicion. And the second of the second of the representation of the second of	77 (1814) - 1817 - 1877 - 1878 - 188	
	orporation; must include "INCORPORATED," " [orp," "Inc." "Co," or "Corp.")	COMPANY," "CORPORATION	1,''	
	•			
(If name unavaila	able in Florida, enter alternate corporate name ado	opted for the purpose of transactin	g business in Florida)	
2. New York	3.			
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
4. JANUARY 17,	2013 5.			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
6				
	(Date first transacted business in FI	lorida, if prior to registration)		
2040 Duyali Roa	(SEE SECTIONS 607.1501 & 607.1502 d, WOODBINE, MD, 21797	, r.s., to determine pennity habiti	iyj	
		office address)		
	(Filmerpan)	office address)		
	(Current mailing	address, if different)	and the state of t	
			2	
8. Name and street	and an arms of Florida registered agent: (P.O. 1	Box NOT acceptable)	2016 NOV 16 SECRETAR TALLAHASS	
N	C T Corporation System	•	器	
Name:			NSS NAME OF THE PROPERTY OF TH	
Office Address:	1200 South Pine Island Road		Has a	
	Plantation	, Pforida	F C	
•	(City)	(Zip code)	PH 12: 38	
9. Registered age	ont's accontance		₩ 8	

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.

By: Janifar Vincant Jeniter Vincent VP & Assistant Secretary
(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.

11. Nam	es and business addresses of officers and/or directors:	2016 NOV 16 PM 12: 38
A. DIRE	ECTORS	SECOND PM 12: 30
Chairman	Michelle Nevin	PALLAHARY OF CO.
	238 Dover Pkwy.	SEE. FLORIE
_	Garden City, NY 11530	
Vice Chai	rman:	
Director:	Jacqueline B. Travers	
Address:	2940 Dovall Road	_
	Woodbine, MD 21797	
Director:		
B. OFFI		
President;	Michello Nevin	
Address:	238 Dover Pkwy,	
	Garden Ciry, NY 11530	indiction to an engineer of the original section of the section of
Vice Presi	dent:	
Address:		
Secretary:		
Address:		
Treasurer:	Jacqueline R. Travers	2000 PPPapamana makik Sebabat Sapaga maja makini ma Sibiy papamana alami Sebi Sebagan
	2940 Davall Road, Woodbine, MD 21797	
	If necessary, you may attach an addendum to the application listing additional and the application and t	ional officers and/or directors.
The office are true a a third de	Signature of Director or Officer for or director signing this document (and who is listed in number 11 above and that he or she is aware that false information submitted in a document gree felony as provided for in s.817.155, F.S. arefue B. Travers — Freasurer	

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



State of New York Department of State

} ss:

I hereby certify, that the Certificate of Incorporation of MICHELLE NEVIN RACING STABLES INC. was filed on 01/17/2013, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

The Biennial Statement is past due.



Witness my hand and the official seal of the Department of State at the City of Albany, this 08th day of November two thousand and sixteen.

Brendan W. Fitzgerald

Executive Deputy Secretary of State

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