11/17/2016

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

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FOREIGN PROFIT/NONPROFIT CORPORATION DUTROW THOROUGHBRED ENTERPRISES INC

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COVER LETTER

	ation Section n of Corporations		
	DUTROW THOROUGHBREI	O ENTERPRIS	ES INC
SCHOLECT	Name of	corporation -	must include suffix
Dear Sir or Ma	dam:		
"Certificate of		of Good Standi	uthorization to Transact Business in Florida," ing" and check are submitted to register the in Florida.
Please return al	l correspondence concerning	g this matter to	o the following:
Amy Smith			
		Name of Pe	erson
CT Corporation	System		
		Firm/Compa	any
3 Winners Circle	e, Suite 301		
		Address	S ·
Albany, NY 122	05		
		City/State and	l Zip code
jay.travers@con	neast.net		
	E-mail address:	(to be used for	r future annual report notification)
For further info	rmation concerning this mat	iter, please cal	11:
Amy Smith	ลเ	518	451-8035
Name	of Person	Area Code	
Registr Divisio Clifton 2661 E Tallaha	ET/COURIER ADDRESS: ation Section n of Corporations Building xecutive Center Circle ssee, FL 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a ch	neck for the following amou	nt:	-
□ \$70.00 Filim	g Fee S78.75 Filing Certificate of		\$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certified Copy 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.

	PROUGHBRED ENTERPRISES INC.		
(Enter name of co	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"	
(li name unavaile	nble in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Flori	da)
Parturulyania	-	300319483	,
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)	
03/09/2005		Perpetual	
	of incorporation)	(Date of duration, if other than perpetual)	
	(Date first transacted business	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
2940 Duvali Rd.	Woodbine, MD 21797	1502, r.s., to desertime penalty mitoracy)	
·		ipal office address)	
	(4.111)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(Current mail	ing address, if different)	
		15 6	1
Name and stree	t address of Florida registered agent: (P.	O. Box NOT acceptable)	5 71
Name:	C T Corporation System		
ffice Address:	1200 South Pine Island Road		7 '
· · · · · · · · · · · · · · · · · · ·	Plantation	, Florida 33324	至一
	(City)	(Zip code)	N.
Registered age	ent's acceptance:	200	٠ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ
laving been nam	ed as registered agent and to accept serv	vice of process for the above stated corporation at	the place
		tment as registered agent and agree to act in this of relative to the proper and complete performance	
	amiliar with and accept the obligations		oj mi
	C T Corporation	System	
Bv:		C. W	
<u></u>	Janifas Vincent Jeni (Registered	ifer Vincent, VP and Assistant Secretary Lagent'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. Names and business addresses of officers and/or directors:

A. DIKE		
Chairman:	Anthony W. Dutrow	
	2940 Duvall Road, Woodbine, MD 21797	
_		
Vice Chair	man; None	
_		
Director:	Jacquefine Travers	
	2940 Duvall Road, Woodbine, MD 21797	
Director:		·
Address:		
B. OFFI	CERS	
President:	Anthony W. Dutrow	
	2940 Duvall Road, Woodbine, MD 21797	
Vice Presi	dent: None	
-		SEC
Secretary:	None	E OT
		经三加
Treasurer:	Jacqueline Travers	
Address:	2940 Duvall Road, Woodbine, MD 21797	OF G
NOTE: 1	f necessary, you may attach an addendum to the application listing additional officers at	id/or directors.
12	Jacqueline Travers	
The office are true ar	Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affirms that and that he or she is aware that false information submitted in a document to the Departm gree felony as provided for in s.817.155, F.S.	
	ueline Travers, Treasurer/Director	
	(Typed or printed name and capacity of person signing application)	

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE 11/10/2016

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

DUTROW THOROUGHBRED ENTERPRISES INC.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Secretary of the Commonwealth

Certification Number: TSC161110161605-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify.aspx

