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(i	Requestor's Name)
(/	Address)
(4	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(	Business Entity Name)
(	Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
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#### COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: KENNETH MCPEEK PACING STABLES, INC.
Name of corporation - must include suffix
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
KENNETH MCPEEK
Name of Person
% ABT SERVICES, INC.
Firm/Company  828 LANE ALEN ROAD - SUITE 240
Address
LEXINGTON, KY 4050+ City/State and Zip code
City/State and Zip code
ABTMORENO @ AOL. COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dom Moreno at 859 278-2497  Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee,  Certificate of Status 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.

1. KENNETH MCPEEK RACING STABLE, UNC.  (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"	<del></del>
(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)	
2. KENTUCKY (State or country under the law of which it is incorporated)  3. 61-1216784 (FEI number, if applicable)	_
H = 01 - 1992.	
4. 4-01-1992 5. PERPETUAL  (Date of incorporation) (Date of duration, if other than perpetual)	-
6. JAN 7. 2020	
6. JAN 7, 2020  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	•
7. 15920 US 301, SUMMERFIELD, FL 34491 (Principal office address)	_
	- 44
% ABT- 828 LANE AVEN RD, SUITE 240, LEXINGTON, KY 40 (Current mailing address, if different)	208
(Current maining address, it different)	13
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	2071.11
Name: DANIEL HICKS, P.A.	,
	<i>1</i> /2
Office Address: 421 S. PINE AVE.	
OCALA , Florida 34471 (Zip code)	<del>-;</del> ;
(City) (2.1p code)	r í
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 cap	acity. I
further agree to comply with the provisions of all statutes relative to the proper and complete performance of a duties, and I am familiar with and accept the obligations of my position as registered agent.	ny
Shoth.	
In 181 Hicks as President of Mariel Hicks, P.A.  10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this applies	
10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this applie the Department of State, by the Secretary of State or other official having custody of corporate records in the juri	sation to
the Department of State, by the Secretary of State of other official having cosmoly of corporate records in the July	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

under the law of which it is incorporated.

 $(\xi_{i}, x_{i}, y_{i}, x_{i}, y_{i}, y_{i},$ 

1	1.	Names	and	business	addresses	of	officers	and/or	directors:
---	----	-------	-----	----------	-----------	----	----------	--------	------------

A. DIRECTORS	
Chairman: KENNETH G. MCPEEK	
Address: 1/2 ABT - 8 LANE ALLEN ROAD - SUITE 240	)
EXINGION KY 40504	
Vice Chairman:	
Address:	
Director: ICENNETH G. MCPEER	
Address: % ABT - 818 LANE AUEN ROAD - SUITE 240	>
LEXINGTON, KY 40504	
Director:	
Address:	
B. OFFICERS	
President: KENNETH G. MCPEEK	702
Address: % ABT-828 LANE ALLEN ROAD - SUITE 240	
LixINGTON, KY 40504	. 22
Vice President:	1
Address:	! -:-
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers a	nd/or directors.
12 A MAAU h	
12. How My self Signature of Director or Officer	the facts stated herein
The officer or director signing this document (and who is listed in number 11 above) affirms that are true and that he or she is aware that false information submitted in a document to the Departm a third degree felony as provided for in s.817.155, F.S.	nent of State constitutes
13 KENNETH G. MCPEEK - PRESIDENT	
(Typed or printed name and capacity of person signing application)	

#### Commonwealth of Kentucky Michael G. Adams, Secretary of State

Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

#### Certificate of Existence

Authentication number: 241003

Visit https://web.sos.ky.gov/ftshow/certvalidate.aspx\_to.authenticate\_this certificate.

I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

### KENNETH MCREEK RACING STABLE, INC.

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is December 18, 1991 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that Articles of Dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 18th day of January, 2021, in the 229th year of the

DIVIDED

Commonwealth.\



Michael G. Oldam

Michael G. Adams Secretary of State Commonwealth of Kentucky 241003/0294288



December 17, 2020

KENNETH MCPEEK 828 LANE ALLEN ROAD STE 240 LEXINGTON, KY 40504 US

SUBJECT: KENNETH MCPEEK RACING STABLES, INC.

Ref. Number: W20000144409

We have received your document for KENNETH MCPEEK RACING STABLES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized. must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

Letter Number: 620A00025668

RECEIVED

JAN 22 2021