## F21000007270

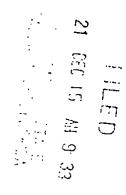
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





300377851743

12/15/21--01015--005 \*\*87.50



T. LEMIEUX
DEC 2 | 2021

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Name of corpor	ration - must include suffix	
Dear Sir or Madam:		
	n for Authorization to Transact Business in Florida,"  I Standing" and check are submitted to register the usiness in Florida.	
Please return all correspondence concerning this r	natter to the following:	
	ne of Person	
Mike Cumpbell Rac	Company	
23/44 N. Lakew		
Lake Zurich, I		
Racing jan @ AUL. E-mail address: (to be	used for future annual report notification)	
For further information concerning this matter, ple	ease call:	
Name of Person at (8	Code Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTM  \$70.00 Filing Fee  \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee,	

## 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. (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. Illipois
(State or country under the law of which it is incorporated)
(State or country under the law of which it is incorporated)

4. Coroll (S7)
(Date of incorporation)

(Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 530 Jetstar Lane - Oldsman, FL 34677
(Principal office street address) 23144 N. 1-alcawood Ln. - Late Zwid, It Lovery
(Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Janice Campbell

530 Jetstar Lane

Oldsmar, FL , Florida 34677

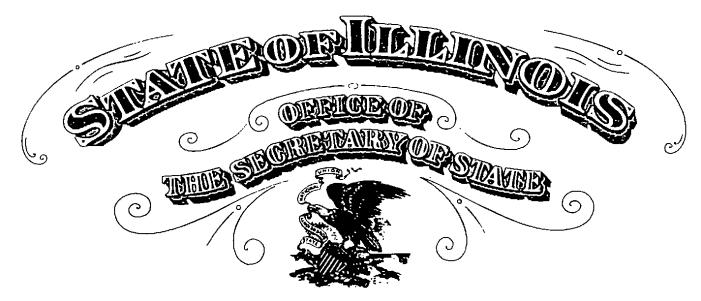
(City) (Zip code) Office Address: 9. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. (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.

A. DIRECTORS				
□Chairman	Name: Mike Camball	□Chairman	Name:	
□Vice Chairman	Address: 23144 O. Lakewas La	□Vice Chairman	Address:	
□Director	Lake Zurida, IL 60047	□Director		
**President	Michael R. Campbell	□President		
□Vice President		□Vice President		
☐ Secretary	Treasurer	☐ Secretary	□Treasurer	
Other	Other	□Other	Other	
□ Chai <del>rma</del> n	Name: Janice Campbell	□ Chairman	Name:	
□Vice Chairman	Address: 23144 N. Lakewood Lu	□Vice Chairman	Address:	
□Director	Lake Zurich, IL 60047	□Director		
□President		□President		
□Vice President		□Vice President		
Secretary	Treasurer	☐ Secretary	☐Treasurer	
□Other	Other	Other	Other	
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	Treasurer	□Secretary	□Treasurer	
□Other	Other	□Other	Other	
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.  12. 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 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 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 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 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 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 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 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 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 officer or director signing this document (and who is listed in number 11 above).				
she is aware that fa	alse information submitted in a document to the Departm	ient of State constitu	utes a third degree felony as provided for in	

s.817.155, F.S.

(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

MIKE CAMPBELL RACING STABLE INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 06, 1987, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, 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 DECEMBER A.D. 2021.

Authentication #: 2134703165 verifiable until 12/13/2022.
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE