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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone #	‡ }
PICK-UP	☐ WAIT	MAIL

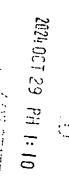
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Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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T. LEMIEUX DEC - 2 2024

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Horse Spot, Inc.			
	of corporation	ı - must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign C "Certificate of Existence," or "Certifica above referenced foreign corporation to	te of Good Star	nding" and check are submitted	
Please return all correspondence concer	ning this matte	r to the following:	
Michael Lenard			
	Name of	Person	
Horse Spot, Inc.			
	Firm/Con	npany	
2366 Upland Road			
	Addr	ress	
Pingree Grove, IL 60140			
	City/State a	and Zip code	
michael@horsespot.net			
E-mail addre	ss: (to be used	for future annual report notifica-	ation)
For further information concerning this	matter, please	call:	
Michael Lenard	630	ode Daytime Telephone Number	
Name of Person	Area Coc	Daytime Telephone ?	Number
STREET/COURIER ADDRE Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303		MAILING ADDRI Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	tions
Enclosed is a check for the following ar Please make check payable to: FLORIDA \$70.00 Filing Fee	DEPARTMENT ing Fee &	□ \$78.75 Filing Fee & □ Certified Copy	\$87.50 Filing Fee, Certificate of Status & 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.

	estrian Competition Management Software					
(If name unavail	able in Florida, enter alternate corporate na	me ado	pted for the purpose of transacting	g business i	in Flori	ida)
Deleware		3. 92-2320959				
(State or country under the law of which it is incorporated)			92-2320959 (FEI number, if applicable)			
. 1/27/2023		5.				
(Date	(Date of incorporation)		(Date of duration, if other than perpetual)			
1/5/2024						
	ad, Pingree Grove, IL 60140	•	ddress, if different)			
	et address of Florida registered agent: (Michael Lenard	P.O. F	Box <u>NOT</u> acceptable)	.*	2024-0017-29	
Name and street Name:				•		
Name:	16201 Sea Glass Way			1	PH 1: 10	مبد، اب
			, Florida 33470(Zip code)	<u> </u>		

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: Christopher Lenard	□Chairman	Name: Michael Lenard	
□Vice Chairman	Address:	□Vice Chairman	Address: 16201 Sea Glass Way	
Director	North Charleston, SC 29405	Director	Westlake, FŁ 33470	
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	□Secretary	□Treasurer	
□Other	□Other	□Other		
□Chairman	Name: Lindsay Lenard	□Chairman	Name:	
□Vice Chairman	Address: 5060 Poole St.	□Vice Chairman	Address:	
Director	North Charleston, SC 29405	□Director		
□President		□President	-	
□Vice President		□Vice President		
□ Secretary	Treasurer	□Secretary	□Treasurer	
□Other	Other	□Other	Other	
□Chairman	Name:	□Chairman	Name:	
	Address:		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 or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT "HORSE SPOT, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN

CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW

AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE TWENTY-SEVENTH DAY OF JANUARY, A.D. 2023, AT 3:46 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATE IS THE ONLY PAPER OF RECORD, THE CORPORATION IN

QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING MADE ANY

CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 204299026

Date: 09-03-24