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TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: Horsemen's Benevolent & Protective Association Foundation, 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", 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:

Scott Savin  
(Name of Person)

Horsemen's Benevolent & Protective Association Foundation, Inc.  
(Firm/Company)

20801 Biscayne Boulevard, Suite 426  
(Address)

Aventura, FL 33180  
(City/State/Zip)

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\*\*\*\*\*70.00 \*\*\*\*\*70.00

Should you need to call someone concerning this matter, please call:

Scott Savin at ( 305 ) 933-0023  
(Name of Person) (Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec.  
Division of Corporations  
409 E. Gaines St  
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

2-17  
FILED  
AUG 16 PM 1:53  
TALLAHASSEE, FL

NON-PROFIT

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION  
TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION <sup>(617)</sup> 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE  
STATE OF FLORIDA:

1. Horsemen's Benevolent & Protective Association Foundation, Inc.  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. District of Columbia  
(State or country under the law of which it is incorporated)

3. 52-6063271  
(FEI number, if applicable)

4. October 19, 1956  
(Date of Incorporation)

5. perpetual  
(Duration: Year corp. will cease to exist or "perpetual")

6. upon qualification  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))

7. 20801 Biscayne Boulevard, Suite 426  
Aventura, FL 33180  
(Current mailing address)

8. Horsemen's Service Organization  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Scott Savin

Office Address: 3757 NE 208 Terrace

Aventura, Florida, 33180  
(Zip Code)

10. 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.*

[Signature]  
(Registered agent's signature)

11. 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.

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SECRETARY OF STATE  
CORPORATION DIVISION  
55 AUG 16 PM 1:55

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

**A. DIRECTORS (Street address only- P. O. Box NOT acceptable)**

Chairman: Mr. Ed Hagan

Address: 20133 NE Broadway Court, Troutdale, OR 97060

Vice Chairman: none

Address: \_\_\_\_\_

Director: Mr. Kent Stirling

Address: 8301 NW 19th Street

Pembroke Pines, FL 33024

Director: Mr. Rick Hiles

Address: 4211 Southern Parkway

Louisville, KY 40214

**B. OFFICERS (Street address only- P. O. Box NOT acceptable)**

President: Mr. Melvyn Bowman

Address: 95 West Pine Street

Palmyra, PA 17078

Vice President: none

Address: \_\_\_\_\_

Secretary: Mr. Scott Savin


Address: 3757 NE 208 Terrace

Aventura, FL 33180

Treasurer: Mr. Scott Savin

Address: 3757 NE 208 Terrace, Aventura, FL 33180

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Scott Savin, Secretary/Treasurer  
(Typed or printed name and capacity of person signing application)

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS  
BUSINESS REGULATION ADMINISTRATION



C E R T I F I C A T E

THIS IS TO CERTIFY that there was received and accepted for record in the Department of Consumer and Regulatory Affairs, Corporations Division, on the 19TH day of OCTOBER, 1956, a Certificate of Incorporation of:

HORSEMEN'S BENEVOLENT & PROTECTIVE ASSOCIATION FOUNDATION, INC.


WE FURTHER CERTIFY that said Certificate of Incorporation has not been dissolved or revoked as of the date hereinafter set forth.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of this office to be affixed this 14TH day of AUGUST, 1956.

HAMPTON CROSS  
DIRECTOR

KATHERINE A. WILLIAMS (ACTING)  
Administrator

ACTING ASST.

  
ROBERT D. HENRY  
Superintendent of Corporations

Government of the District of Columbia  
Marion Barry, Jr. Mayor

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 AUG 16 PM 1:50