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SECRETARY OF STATE DIVISION OF CORPORATIONS

OCT - 4 2005

### **COVER LETTER**

SUBJECT: Dressage Associates International, LLC (Name of Limited Liability Company)

Registration Section

**Division of Corporations** 

TO:

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Elizabeth Clarke_ (Name of Person)
(Firm/Company)
P.O. Box 4618 (Address)
(Address)
Santa Rosa, CA 95402
(City/State and Zip Code)
For further information concerning this matter, please call:
Elizabeth Clarke at (707) 566-7287 (Name of Person) (Area Code & Daytime Telephone Number)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:  \$\Boxed{\Sigma}\$125.00 \text{ Filing Fee}\$  \$\Boxed{\Sigma}\$130.00 \text{ Filing Fee & }\Boxed{\Sigma}\$155.00 \text{ Filing Fee & }\Boxed{\Sigma}\$160.00 \text{ Filing Fee, Certificate } \text{Certificate Copy}\$  \$\text{Certificate of Status}\$  \$\text{Certified Copy}\$

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO RECEISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. Dressage Associates International, LLC (Name of Foreign Limited Liability Company) Massachusetts
(Jurisdiction under the law of which foreign limited liability)

3. 56-2491790
(FEI number, if applicable) company is organized) December 28, 2004

(Date of Organization)

5. Per pertucul

(Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 56 Southampton Road 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: Christopher Hickey, 56 Southampton Rd., Westhampton, MA 01027 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: NOYSE + competition Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) hristopher Hakey
Typed or printed name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	
Dressage Associates International, LLC	
J	
2. The name and the Florida street address of the registered agent and office are:	o
	9 Kg
Richard Barnes	SEP
(Name)	26 %F
10754 Pelican Drive Florida Street Address (P.O. Box NOT ACCEPTABLE)	POF STATE CORPORATION
Wellington FL 33414	<b>2</b>

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application
 \$ 25.00 Designation of Registered Agent
 \$ 30.00 Certified Copy (optional)
 \$ 5.00 Certificate of Status (optional)



# The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

William Francis Galvin
Secretary of the
Commonwealth

September 2, 2005

#### TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

#### DRESSAGE ASSOCIATES INTERNATIONAL, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on January 1, 2005.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that, said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: **CHRISTOPHER HICKEY** 

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **CHRISTOPHER HICKEY** 

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **CHRISTOPHER HICKEY** 



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

William Meners Steller