

Division of Corporations Public Access System

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Division of Corporations

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From:

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Account Name : C T CORPORATION SYSTEM

Phone : (850)222-1092 Fax Number : (850)878-5006

Pro Ride Racing US LLC

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Certificate of Status	0
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CT CORPORATION SYSTM

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

IN COMPLIANCE WITH SECTION 608303, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO RECISTER A FOREIGN LIMITED LIBELITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

, Pro Ride	Raoing US LLC		•	
	(Name of Foreign Limit	ed LI	ability Company)	ı
Kontuck	у	3.		
(Jurisdicti company	ion under the law of which foreign limited liabili is organized)	îy .	(FEI number, if applicable)	
10/25/20	(Date of Organization)	5.	Perpotual	
	(Date of Organization)		(Duration: Year limited liability company will cause to exist or "perpetual")	
Upon fill				07
	(Date first transacted business in (See sections 608, 501 & 608, 502	F.S. t	ida, if prior to registration.) o determine penalty liability)	07 NOV
c/o Joel 7	Turner, Esq., 400 West Market Street, 32nd Floor	Lou	isville, KY 40202-3363	2
			·	وسند
	(Street Addr	68E 03	Principal Office)	Ξ
lf limite	ed liability company is a manager-manag	ed c	ompany, check here 🗷	Ari IU: 33
The nar	me and usual business addresses of the m	ប្រាធារ	ging members or managers are as follows:	ű
Thadeu	a Mailoy, 400 West Market Street, 32nd Floor, L	ouis	rille, KY 40202-3363	
Ian Pun	urse, 400 West Market Street, 32nd Floor, Louisvi	ila. B	CY 40202-3363	

tody of n n a forci	ecords in the jurisdiction under the law of wh	ich i ate u	an 90 days old, duly authenticated by the official having it is organized. (A photocopy is not acceptable. If the conder oath of the translator must be submitted.)	
	• •	or p	nomoted in Florida.	
Ownombi	ip, training and racing of thoroughbred horses.			
	Celon Kane	t		
), P.S	orized representative of a member. " the execution of this decommit constitutes y that the facts stated herein are true.)	
	Colia Lovett, Authorized Represen	tatív		
	Typed or prin	terd t	isma of signee	

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 ω 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.

Pro Ride Racing US LLC 2. The name and the Piorida street address of the registered agent and office are: C T Corporation System (Name) 1200 South Pine Island Road Florida Street Address (P.O. Box. NOT ACCEPTABLE) Plantation, Florida 33324 City/Sinte/Zip	1.	The name of the Limited Liability Company is:
C T Corporation System (Name) 1200 South Pine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE) Plantation, Florida 33324	Pr	o Ride Racing US LLC
(Name) 1200 South Pine Island Road Florida Street Address (P.O. Box. NOT ACCEPTABLE) Plantation, Florida 33324	2.	The name and the Florida street address of the registered agent and office are:
(Name) 1200 South Pine Island Road Florida Street Address (P.O. Box. NOT ACCEPTABLE) Plantation, Florida 33324		•
1200 South Pine Island Road Florida Street Address (P.O. Box. NOT ACCEPTABLE) Plantation, Florida 33324		C T Corporation System
Florida Street Address (P.O. Box. NOT ACCEPTABLE) Plantation, Florida 33324		(Name)
Plantation, Florida 33324		1200 South Pine Island Road
		Florida Street Address (F.O. Box NOT ACCEPTABLE)
City/State/Zip		Plactation, Florids 33324
y ·		City/State/Zip
	liα	wing been named as registered agent and to accept service of process for the above stated limited bility company at the place designated in this certificate, I hereby accept the appointment as registered out and some to act in this capacity. I further cover 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.

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

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Commonwealth of Kentucky Trey Grayson, Secretary of State

11/20/2007

Division of Corporations Business Filings

P. O. Box 718 Frankfort, KY 40802 (502) 664-2848 http://www.sca.ky.gov

Certificate of Existence

Authentication Number: 55938

Jurisdiolion: FBT LLC

tiski hitu://appa.sos.kygov/brainess/abdo/sos/willess.appx.io.gu/thenticate this cartificate

I, Trey Grayson, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

PRO RIDE RACING US LLC

is a limited liability company duly organized and existing under KRS Chapter 275, whose date of organization is October 25, 2007.

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 275.190 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 20th day of November, 2007.



Trey Grayson
Secretary of State
Commonwealth of Kentucky

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