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#### **COVER LETTER**

	egistration Section vision of Corporations				
SUBJECT					
	ed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida and check are submitted to register the above referenced foreign limited liability company to transact bus				
Please retui	rn all correspondence concerning this matter to the following:				
	Christopher Linde				
	Name of Person				
	Burr & Forman LLP	~			
	Firm/Company	2010 AUG 23			
	450 S. Orange Avenue	S	1		
	Address	23			
	رين المنت حياة إيان	P			
	Orlando, Florida 32801				
	City/State and Zip Code	PH 3: 27			
	E-mail address: (to be used for future annual report notification)	-			
For further	information concerning this matter, please call:				
	at ( )				
<del></del>	Name of Person Area Code & Daytime Telephone Number	-			
Di Re P.0	AILING ADDRESS: vision of Corporations egistration Section O. Box 6327 Clifton Building Cli				
	is a check for the following amount:  \$125.00 Filing Fee \$\text{State} \$130.00 Filing Fee & \$\text{State} \$155.00 Filing Fee & \$\text{State} \$160.00 Filing Fee, \$\text{State} \$				
	Certificate of Status Certified Copy of Status & Certi	neu Coț	y		

### 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 REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1	Stone*Wall F (Name of Foreign Limited Liability Company; must			ıy," "L.L.C.," c	or "LLC.	")	<del>-</del>
con	name unavailable, enter alternate name adopted for the sent of the managers or managing members adopting to apany," "L.L.C," "LLC.")						
2	Kentucky urisdiction under the law of which foreign limited lial	3.	20-3	787013			
(. c	urisdiction under the law of which foreign limited lial ompany is organized)	bility '	( FEI number	; if applicable)	)		_
4.	November 15, 2005	5.	Duration: Year limited li	rpetual			
	(Date of Organization)		(Duration: Year limited li exist or "perpetual")	ability compan	y will ce	613	_
6.	June 2010					Aud	****
	(Date first transacted busines (See sections 608.501 & 608.5	s in Flori 02 F.S. to	da, if prior to registration.) o determine penalty liability	)	10 × 10 × 10 × 10 × 10 × 10 × 10 × 10 ×	23	Ī
7.	800 SW 85th Avenue				7, 4,	PH	_ []
	Ocala, Florida 34481				の対	မ္ <u></u> က	
	(Street A	ddress of	Principal Office)		Ì1-	7	-
	If limited liability company is a manager-man		<u> </u>	_			
9.	The name and usual business addresses of the Stone*Wall Farm Stallions, LLC	e manag	ing members or manag	ers are as fol	lows:		
	3204 Midway Road						-
	Versailles, Kentucky 40383						_
thej	Attached is an original certificate of existence, no more thurisdiction under the law of which it is organized. (A philation of the certificate under oath of the translator must be	otocopy i	s not acceptable. If the certific		_	•	cords i
11.	Nature of business or purposes to be conduc	eted or p	oromoted in Florida:	any lawful	busine	ess	-
•	AA 7	 Идо -			· · · · · ·		_•
	Signature of a member or (In accordance with section 608.40 an affirmation under the penalties	an auth 08(3), F.S.	, the execution of this documen	nt constitutes		,	
	Audrey Haisfie	ld autl	norized representative	<del>,</del>			

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:		
Stone*Wall Farm Stallions IV, LLC		
If unavailable, the alternate to be used in the state of Florida is:		
2. The name and the Florida street address of the registered agent and office are:		2 22 25 25 25 27
Paul A. Krasker, Esq.	200 200 ° C	
(Name)	7 T	
225 South Olive Ave		PR C
Florida Street Address (P.O. Box NOT ACCEPTABLE)	一種別の	<b>5</b>
West Palm Beach FL 33401 City/State/Zip		
Having been named as registered agent and to accept service of process for the above liability company at the place designated in this certificate, I hereby accept the apposagent and agree to act in this capacity. I further agree to comply with the provisions relating to the proper and complete performance of my duties, and I am familiar with obligations of my position as registered agent as provided for in Chapter 608, Florial (Signature)	intment as reg s of all statute h and accept i	gistered es
\$ 100.00 Filing Fee for Application		

\$ 25.00

30.00

5.00

**Designation of Registered Agent** 

Certificate of Status (optional)

**Certified Copy (optional)** 

# Commonwealth of Kentucky Trey Grayson, Secretary of State

Trey Grayson Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

#### **Certificate of Existence**

Authentication number: 102536

Visit <a href="http://apps.sos.ky.gov/business/obdb/certvalidate.aspx">http://apps.sos.ky.gov/business/obdb/certvalidate.aspx</a> to authenticate this certificate.

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,

#### STONE WALL FARM STALLIONS IV, LLC

is a limited liability company duly organized and existing under KRS Chapter 275, whose date of organization is November 15, 2005 and whose period of duration is perpetual.

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 August, 2010, in the 218th year of the Commonwealth.



Trey Grayson
Secretary of State
Commonwealth of Kentucky
102536/0625687