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SECRETARY OF STATE

AND SECRETAR

J. SAULSBERRY EXAMINER APR 30 2012

#### **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: Ninety North Racing Stable, LLC			
Name of Limited Liability Company			
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florie Existence, and check are submitted to register the above referenced foreign limited liability company to transact be			
Please return all correspondence concerning this matter to the following:			
Shannon B. Arvin, Esq.			
Name of Person			
Stoll Keenon Ogden PLLC	<u> </u>		
Firm/Company			
300 W. Vine Street, Suite 2100	TALL	2012	
Address	XXX	ΑP	43.
Lexington, KY 40507	NSSI ASSI ASSI	012 APR 27	***
City/State and Zip Code	T C	<u> </u>	1
shannon.arvin@skofirm.com  E-mail address: (to be used for future annual report notification)	SI	AH 9:2	r
E-mail address: (to be used for future annual report notification)	30	24	
For further information concerning this matter, please call:			
Shannon B. Arvin, Esq. at (859 ) 231-3000			
Name of Person Area Code & Daytime Telephone Number	<del></del>		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314  STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
Enclosed is a check for the following amount:  [State of Status]  State of Status  State of Status  State of Status  State of Sta			

## 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:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. Ninety North Racing Stable, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writte consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
2. Delaware 3. 45-3188578
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. 09/01/2011 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6.
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)  7. 4440 Willard Avenue, Apt. 1125
Chara Chara MD 20015
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here   The name and usual business addresses of the managing members or managers are as follows:
9. The name and usual business addresses of the managing members or managers are as follows:
Justin Nicholson
4440 Willard Avenue, Apt. 1125
Chevy Chase, MD 20815
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 ranslation of the certificate under oath of the translator must be submitted.)
Nature of business or purposes to be conducted or promoted in Florida:
training Thoroughbred horses
<u>Atail</u>
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. I am aware that any false information submitted in a document to the Department of State constitute a shirt degree falses as appointed for in a \$17.155 E.S.)
document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)  Justin Nicholson

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.

If unavailable, the alternate to be used in	the state of Florida is:		
2. The name and the Florida street addre	ess of the registered agent and office a	are:	-
CT Corporation Syste	om (Name)	ASECRE TALLAH	2012 APR 27
1200 South Pine Island Rd.		NSSE	27
Florida Street Address (P.O. Box NOT ACCEPTABLE)		<u>A</u>	
Plantation	<sub>FL</sub> 33324		9
	City/State/Zip		24

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.

Corporation System

Katie Szramek
Assistant Secretary

(Signature)

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

# Delaware

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#### The First State

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

DELAWARE, DO HEREBY CERTIFY "NINETY NORTH RACING STABLE, LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF

THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF APRIL, A.D. 2012.

2012 APR 27 AM 9: 24
SECRETÁRY OF STATE ALL AHASSEE FI DEIDA

5032780 8300

120413919

AUTHENTY CATION: 9507841

DATE: 04-17-12

You may verify this certificate online at corp.delaware.gov/authver.shtml