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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

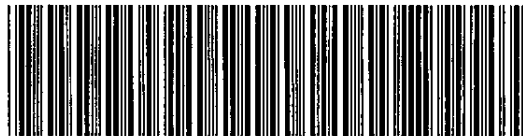
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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647 WS-56802

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15 AUG 17 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 15 2015

S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 26, 2015

CHRISTOPHER MCDANIEL  
9162 WHIPPOOR WILL TRAIL  
JUPITER, FL 33478

SUBJECT: DARK HORSE TRADING COMPANY LLC  
Ref. Number: W15000056802

We have received your document for DARK HORSE TRADING COMPANY LLC and your check(s) totaling \$165.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young  
Regulatory Specialist II

Letter Number: 315A00018038

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DARK HORSE TRADING COMPANY LLC  
Name of Limited Liability Company

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:

Christopher McDaniels  
Name of Person

Firm/Company

9162 Whipoorwill Trail  
Address

Jupiter, FL 33478  
City/State and Zip Code

Chris.g.mcdaniels@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cecelia McDaniels at (561) 427-1772  
Name of Contact Person Area Code Daytime Telephone Number

**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:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$160.00 Filing Fee, Certificate<br>of Status & Certified Copy |
|--|---|--|---|

1 Duck Horse Tack  
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must in Liability Company, "LLC," or "LLC.")

2 \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized)

3 410-2565076  
(FBI number, if applicable)

4 \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5 9162 Whipoorwill Trail Jupiter, FL 334  
(Street Address of Principal Office)

6 9162 Whipoorwill Trail Jupiter FL 334  
(Mailing Address)

7 Name and street address of Florida registered agent. (P.O. Box NOT acceptable)

Name: \_\_\_\_\_

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

Florida

(City)

(Zip code)

Registered agent's acceptance:

I, having been named as registered agent and to accept service of process for the above stated limited liability company designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity, comply with the provisions of all statutes relative to the proper and complete performance of my duties, and accept the obligations of my position as registered agent.

\_\_\_\_\_  
(Registered agent's signature)

The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Christopher McDaniel 9162 Whipoorwill Trail  
Celia McDaniel 9162 Whipoorwill Trail

Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate and translator must be submitted.)

Chris McDaniel  
Signature of an authorized person

1. Dark Horse Trading Company, LLC

(Name of foreign limited liability company; must include "limited liability company")

Dark Horse Tack

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "limited liability company," "L.L.C.," or "LLC.")

2. Jurisdiction under the law of which foreign limited liability company is organized

3. 410-2565076

(FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 9162 Whipponwill Trail Supter, FL 331

(Street address of principal office)

6. 9162 Whipponwill Trail Supter, FL 331

(Mailing address)

7. Name and street address of Florida registered agent (P.O. Box NOT acceptable)

Name:

Office Address:

Florida

(City)

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity in compliance with the provisions of all statutes relative to the proper and complete performance of my duties, and accept the obligations of my position as registered agent.

(Registered agent's signature)

The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Christopher McDaniel 9162 Whipponwill Trail  
Celia McDaniel 9162 Whipponwill Trail

Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate and translator must be submitted)

Chris McDaniel

Signature of an authorized person

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Dark Horse Trading Company 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware 3. 46-2565076  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. \_\_\_\_\_

\_\_\_\_\_  
(Street Address of Principal Office)

6. 10125 Southern Blvd  
Royal Palm Beach FL 33411  
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Christopher McDaniel  
Office Address: 9162 Whipperwill Trail  
Jupiter, Florida 33478  
(City) (Zip code)

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15 AUG 17 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

Christopher McDaniel  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Christopher McDaniel CEO  
Cecelia McDaniel COO

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

\_\_\_\_\_  
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

\_\_\_\_\_  
Typed or printed name of signee



# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DARK HORSE TRADING COMPANY, 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 ELEVENTH DAY OF SEPTEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DARK HORSE TRADING COMPANY, LLC" WAS FORMED ON THE TWELFTH DAY OF APRIL, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

FILED  
15 AUG 17 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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SR# 20150098293

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 10037102

Date: 09-11-15