

**MIS00009849**

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**Foreign Limited Liability Company  
SKYLINE STABLES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Dec. 8. 2015 6:14PM

GERALD WEINGERG

No. 0002 P. 2

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. Skyline Stables LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")
- (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")
2. New York 47-4368371  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
3. December 2, 2015  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
4. 111 Bedford Center Road  
(Street Address of Principal Office)
5. Bedford Hills, New York 10507  
(City and State)
6. Andrea Hippeau Vogel  
(Name of Principal Officer)
7. 55 W. 14th Street, Apt. 5B, New York, New York 10011  
(Mailing Address)

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

Name: Incorporating Services, Ltd.

Office Address: 1540 Glenway Drive

Tallahassee

(City)

Florida 32301

(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 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.

s/ Melissa A. Stops, Asst. Sec.

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
- Andrea Hippeau Vogel, Member/Manager, 55 W. 14th St., Apt. 5B, New York, NY 10011
- Dana Schwartz, Member/Manager, 229 Chrystie Pl., Apt. 311, New York, NY 10002
- Aiden Killeen, President, 505 Avalon Lake Rd, Danbury, CA 06810

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)

Andrea Hippeau Vogel

(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.

Andrea Hippeau Vogel

(Typed or printed name of signer)

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**State of New York  
Department of State } ss:**

*I hereby certify, that SKYLINE STABLES LLC a NEW YORK Limited Liability Company filed Articles of Organisation pursuant to the Limited Liability Company Law on 06/22/2015, and that the Limited Liability Company is existing so far as shown by the records of the Department.*



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 07th day of December  
two thousand and fifteen.*

*Anthony Giardina*

Anthony Giardina  
Executive Deputy Secretary of State