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O SIMMONS APR 0 6 2017

Simmons, Octavia I.

From: Jill DiSalvo <disalvojill@gmail.com>

Sent: Thursday, March 30, 2017 11:00 AM

To: Simmons, Octavia I.

Subject:line 8 :)Attachments:InFlorida.pdf

My apologies for the delay—I was traveling for business. Please fine line 8 defined as manager thank you again! Jill

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT:
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:
Jill Di Salvo
<u> Jillian Equine</u> Enterprises/
988 Borkvard of the Arts #19/1
Sarasofa, Florida 34236 City/State and Zip Code DISA/VO III @ GMail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JII D. SAIVO at 314 504-8720 Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee. FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount: \$\Begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

IN FLORIDA

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS INTHE STATE OF FLORIDA:
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.," 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," "L.L.C," or "LLC.")
2. MISSOURI 3. 81-2346718 (FEI number, if applicable)
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. Wren Bottini LLC Attorneys at Law Atto Cynthia = 439 S. Kirkwace Rel # 207 Kirkwace Mo- 63/22 (Street Address of Principal Office)
6. 988 Boulevard of the Arts # 1914
Sarasota, Fl 34236 (Mailing Address)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name:
Name: Office Address: 988 Boulevard of the Arts #1914 Sar ASOLA, Florida 34236 (City) Registered agent's acceptance:
Sar ASOFA, Florida 34236
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 complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent. (Registered agent's signature)
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Jill D. Salvo - Manager
Jill D. Salvo - Manager 788 Boylevard of the Acts #1914
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

STATE OF MISSOURY



John R. Ashcroft Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

Jillian Equine Enterprises, LLC LC001489071

was created under the laws of this State on the 21st day of April, 2016, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 19th day of January, 2017.

Secretary of State

Certification Number: CERT-01192017-0011

