M1700003360

(R	lequestor's Name)
(A	ddress)
(A	ddress)
(C	city/State/Zip/Phone #)
PICK-UP	MAIL MAIL
(B	usiness Entity Name)
(D	Occument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:

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March 31, 2017

MATTHEW MCCORD 1133 BAL HARBOR BLVD SUITE 1139 PUNTA GORDA, FL 33950

SUBJECT: MILE HIGH RACING CLUB, LLC

Ref. Number: W17000027681

We have received your document for MILE HIGH RACING CLUB, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 417A00006245

COVER LETTER

		ion Section of Corporations	,						
SUD IECT		High Racing Cl							
SUBJECT	1:			imited Liability C	Company				
						nsact Business in Florida," Ce company to transact business			
Please retu	urn all co	errespondence co	oncerning this matter to the f	ollowing:					
		Matthew McCor	rd						
	-		Na	me of Person					
		Mile High Racir	ng Club, LLC						
	-	Firm/Company							
		1133 Bal Harbo	r Blvd. Suite 1139						
	-			Address					
		Punta Gorda FL	33950						
	-		City/Sta	ate and Zip Code					
	ac	dmin@milehigh	racingclub.com						
	_		E-mail address: (to be used	for future annual	report noti	ification)			
For furthe	er informa	ation concerning	this matter, please call:						
Ī	Matthew	McCord		561	801-174	46			
_		Name of	Contact Person	at (Area Code	_) Day1	time Telephone Number			
I F F	Division Registrati P.O. Box	G ADDRESS: of Corporations on Section 6327 ee, FL 32314			Division of Registration But Clifton But 2661 Execution	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301			
		k for the followi 10 Filing Fee	ng amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Certi of Status & Certified Copy	ficate		

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:

Liability Company," "L.L.C," or "I Delaware (Jurisdiction under the law of wh company is organized) 4. na 3411 Silverside Rd. Rodney	ich foreign limited liability (Date first transacted busine	3. 82-060173	(FEI number, if applicable	
(Jurisdiction under the law of wh company is organized) na 2411 Silverside Rd, Redney	(Date first transacted busine	3. 82-060173	(FEI number, if applicable	
na 2411 Silverside Rd Redney	(Date first transacted busine		(FEI number, if applicable)	
2411 Silvaraida Bd. Badnau	(Date first transacted busine)
2411 Silvaraida Bd. Badnau	(Date first transacted busine			
2411 Cilvarnida Dd. Dadnau	(See sections 605,0904 & 605,	ss in Florida, if prior to .0905, F.S. to determin	o registration.) ne penalty liability)	_
Wilmington DE 19810			***************************************	_
	(Street Address of I	Principal Office)	·	_
. 1133 Bal Harbor Blvd Suite	1139			
Punta Gorda FL 33950			·	_
- I ama Gorda I E 33730	(Mailing z	Address)		- j.
Nome and street address of	· -		tahla)	77
. Name and street address of F		.O. BOX NOT accep	itable)	
Name:	Matthew McCord		_	388
Office Address: 113	1133 Bal Harbor Blvd Suite 1139		_	
Pur	Punta Gorda		, Florida 33950	
	(City)		(Zip code)	
laving been named as register esignated in this application, o complywith the provisions of cept the obligations of my po	I hereby accept the appoint fall statutes relative to the estion as registered agent.	tment as registered of proper and complet	agent and agree to act in the le performance of my duties	is capacity. I further a
	(Regist	ered agent's signature)	
		who has/have author	rity to manage islare:	
8. The name, title or capacity a	and address of the person(s)	THE MUSICIANC AUTHOR	rity to manage is/are.	
8. The name, title or capacity a Matthew McCord, Authorized	•		· -	

Typed or printed name of signee

Matthew McCord

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "MILE HIGH RACING CLUB, 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 EIGHTEENTH DAY OF MARCH, A.D. 2017.

6309133 8300

SR# 20171745940

Authentication: 202222039

Date: 03-18-17