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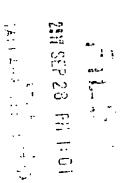
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SEP 29 2017 J. HARRIS

COVER LETTER

TO:

TO:		ration Section n of Corporation	ns				
SUBJE		ena Horse Shows	of Ocala, L.L.C.				
3000			Name of	Limited Liability (Company		
The end Existen	losed "A	pplication by For heck are submitte	reign Limited Liability Comp d to register the above refer	pany for Authoriza enced foreign limi	ntion to Tr ted liabilit	ansact Business in Florida." y company to transact busin	Certificate of less in Florida.
Please r	eturn all	correspondence o	concerning this matter to the	following:			
		Cynthia Henry					
			N	ame of Person			
			F	irm/Company		-	
		600 Gillam Ro	ad				
				Address		<u> </u>	
		Wilmington, O	H 45177				
			City/S	tate and Zip Code			
	-		E-mail address: (to be used	d for future annual	report no	tification)	
For furt	her inforr	nation concernin	g this matter, please call:				
	Cynthia	i Henry		800 at (543-55 _)	89	
		Name o	f Contact Person	Area Code	Day	time Telephone Number	
	Division Registra P.O. Bo	NG ADDRESS: n of Corporations ation Section x 6327 ssee, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section duilding ecutive Center Circle see, F1, 32301	
Enclose		ck for the follow .00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155,00 Filin Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Ce of Status & Certified Cop	

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	name adopted for the purpose of transacting business in F	londs. The alternate name must include "Limit	ed Liability Compan	v. " L.L.C." or "	LLC.")
_{2.} Ohio	•		· · · · · · · · · · · · · · · · · · ·	,. <u></u> ,	,
	which sweeps launted liability company is organized)	3	l number, if applicab	ole)	
l.					
·	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ	o registration)			
600 Gillam Road	(rec remain 603 6104 to 603.0305, F.3 to better	6. 600 Gillam Road			
(Street Address of	Principal Office)		g Address)	+=1	دب.
Wilmington, OH 451	<u> </u>	Wilmington, OH 4517	7	! ; 	****
		 -		; 1	
			_	** .	0
. Name and street addre	ss of Florida registered agent: (P.O. Bo	x NOT acceptable)		: 1	(C)
		,		4	7
Name:	C T Corporation System	_		· .	_7.
Office Address:	1200 South Pine Island Road				
	Plantation	22224		1	
	(City)	Florida 33324	ip code)	***	
aving been named as resignated in this applicated in this applicated comply with the provis	egistered agent and to accept service of ation. I hereby accept the appointment of ions of all statutes relative to the proper is of my position as registered agant.	as registered agent and agree to r and complete performance of James M. Halpin Assistant Secretary	act in this car	pacity. I fut	ther no.
laving been named as resignated in this applicate comply with the provising accept the obligation. The name, title or cap	ition, I hereby accept the appointment of lons of all statutes relative to the proper is of my position as registered agent. (Regulated ignormative and address of the person(s) who had	as registered agent and agree to rand complete performance of James M. Halpin Assistant Secretary James M. Halpin Assistant Secretary James M. Halpin Assistant Secretary	act in this cap my duties, and	pacity. I fui d I am fami	ther ag llar with
laving been named as resignated in this applicate comply with the provising accept the obligation. The name, title or cap Title or Capacity:	ition, I hereby accept the appointment of ions of all statutes relative to the proper is of my position as registered agant. (Registered igential acity and address of the person(s) who have and Address:	as registered agent and agree to rand complete performance of James M. Halpin Assistant Secretary	act in this cap my duties, and	pacity. I fut	ther ag llar with
laving been named as resignated in this applicated in this application comply with the provising accept the obligation. The name, title or cap	acity and address of the person(s) who hame and Address: Ralph L Roberts, Sr	as registered agent and agree to rand complete performance of James M. Halpin Assistant Secretary James M. Halpin Assistant Secretary James M. Halpin Assistant Secretary	act in this cap my duties, and re: Name a Jeffrey	pacity. I ful d I am fami and Addres C Wade	ther ag llar with
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laving been named as resignated in this applicated in this application of the provision of the configuration. The name, title or capacity:	acity and address of the person(s) who hame and Address: Ralph L Roberts, Sr 600 Gillam Road Wilmington, OH 45177	James M. Halpin Assistant Secretary as/have authority to manage is/at Title or Capacity: Assistant Secretary	re: Name a Jeffrey 600 Gi	and Addres C Wade Illam Road Ington, OH 4	ther ag llar with
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ADDITIONAL OFFICERS

Donald DeLuca, VP of Legal, Secretary – 7290 College Pkwy, Suite 400, Ft. Myers, FL 33907 Jeff Haungs, VP of Tax – 7290 College Pkwy, Suite 400, Ft. Myers, FL 33907

2819 SEP 28 FH 1:01

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show ARENA HORSE SHOWS OF OCALA, L.L.C., an Ohio For Profit Limited Liability Company, Registration Number 4071687, was organized within the State of Ohio on September 12, 2017, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 27th day of September, A.D. 2017.

Ohio Secretary of State

for Hastel

Validation Number: 201727001284