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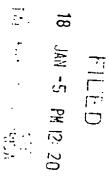
(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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## **COVER LETTER**

TO:

Registration Section

Div	ision of Corporation	18						
SUBJECT:	ROYAL OAKS EQ	UESTRIAN CENTER, LLC						
		Name of Limited Liability Company						
					nsact Business in Florida," C company to transact busines			
Please return	all correspondence o	oncerning this matter to the	following:					
	JOHN R. DAV	IES						
		Na	ame of Person					
	ROYAL OAKS	S EQUESTRIAN CENTER,	LLC					
Firm/Company								
	1709 HWY T							
Address								
	FORISTELL, MO 63348							
		City/St	ate and Zip Code		_			
	islwynwest@aol	com						
	·	E-mail address: (to be used	for future annual	report not	ification)			
For further in	nformation concernin	g this matter, please call:						
ĵO	HN R. DAVIES		314 at (	609-403	21			
	Name o	f Contact Person	Area Code	Day	time 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	a check for the follow \$125.00 Filing Fee	ing amount:  \$\Bigcup \text{\$\text{\$130.00 Filing Fee & Certificate of Status}}\$	□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Cert of Status & Certified Copy	ificate		

## 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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

· -	nited Liability Company; must include "Lim		
	adopted for the purpose of transacting business in		Liability Company," "L.L.C," or "LLC ")
2. MISSOURI		3. 20-5754158	
(Jurisdiction under the law of which	s foreign limited liability company is organized)	(FELIN	number, if applicable)
, 10/1/2017			
<b>"</b> ,	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to dete	to registration ) mine penalty liability)	<del></del>
5 1709 HWY T	(Cont.)	6. 14088 CALCUTTA DR	•
(Street Address of Prin	cipal Office)	(Mailing /	Address)
FORISTELL, MO 6334	8	CHESTERFIELD, MO	63017 - &
7. Name and street address	of Florida registered agent: (P.O. B	ox NOT acceptable)	M-5 P
<del></del>	_		. 골 'ㄷ
	<u>Emilija</u> Anderso		17.
Office Address:	3613 Pomeral Dr	1014.4GA.	<u> </u>
•	wellington	ママト	નામ 🤔 💆
	Wellington	, Florida(Zip	code)
Degistered agent's accents	IDCC'		
Harrison boom named or reco	ictared agant and to accept service i	of process for the above stated limi	ited liability company at the place
decisionated in this application	on. I hereby accept the appointmen	t as registered agent and agree to c	асын ынз сирасыу. Туйгінег чуге
to comply with the provision	ns of all statutes relative to the proj	per and complete performance of R	ny duties, and i am jumiliar with
and accept the obligations	of my position as registered agent.	_	
_	Enulys und	evser	
	() (Registered age	nt's signature)	
8. The name, title or capac	ity and address of the person(s) who	has/have authority to manage is/ar	e:
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
MEMBER	JOHN R DAVIES		
	14088 CALCUTTA DR.		
	CHESTERFIELD, MO 63	<u>017</u>	
		<del></del>	
		<del></del>	
(Use attachments if necess			
9 Attached is a certificate of	of existence, no more than 90 days of	ld, duly authenticated by the officia	al having custody of records in the
jurisdiction under the law o	of which it is organized. (If the certif	icate is in a foreign language, a tran	islation of the certificate under oath
of the translator must be su	bmitted)		
to mile to account to account	ited in accordance with section 605.0	203 (1) (b) Florida Statutes, I am a	aware that any false information
cubmitted in a document to	the Department of State constitutes:	a third degree felony as provided for	r in s.817.155, F.S.
Strottlitted in a document to	$\leq i - \sqrt{1}$		
	<u>CIUULUI AILLI</u>	and of an authorized person	
	.) i) Sign	ding of an anneared being.	
	Familia 1 1	Cl A-t <sup>2</sup> Anture of an authorized person	

Typed or printed name of signee

STATE OF MISSOURY



## John R. Ashcroft Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

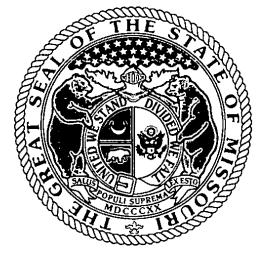
I, JOHN R. ASHCROFT. Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

Royal Oaks Equestrian Center, LLC LC0772031

was created under the laws of this State on the 19th day of October, 2006, 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 7th day of November, 2017.





Certification Number: CERT-11072017-0074