

MI/8000000527

(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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W18000005120 1-17-18
W17000100074 12-18-17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 19, 2017

OMAR MOHER
207 COUNTY FARM CROSS ROAD
DOVER, NH 03820 US

SUBJECT: ATLANTIC EQUINE SERVICES, PLLC
Ref. Number: W17000100074

We have received your document for ATLANTIC EQUINE SERVICES, PLLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law does not provide for the recognition of a foreign professional limited liability company. An acceptable limited liability company suffix will need to be added to your entity name for this Department to accept and file your document.

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1,471.25.

Please return the corrected original and one copy of 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.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 217A00025668

RECEIVED

JAN 16 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 2, 2017

OMAR MOHER
207 COUNTY FARM CROSS ROAD
DOVER, NH 03820 US

SUBJECT: ATLANTIC EQUINE SERVICES PLLC
Ref. Number: W17000087667

* per Karen
entered "LLC"
at end of line
1.

We have received your document for ATLANTIC EQUINE SERVICES PLLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 717A00022124

2017 DEC 19 AM 10:24
FBI/DOJ

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Atlantic Equine Services, PLLC
Name of Limited Liability Company

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:

Omar Maher
Name of Person

Atlantic Equine Services
Firm/Company

207 County Farm Cross Road
Address

Douer, NH 03820
City/State and Zip Code

office@sporthorsevets.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Noreen Evans at (603) 534-2387
Name of Contact Person Area Code Daytime 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 check for the following amount:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy | <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy |
|---|--|---|--|

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. Atlantic Equine Services, PLLC LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(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. New Hampshire, USA 3. 27-2032954
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 1-1-2018
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 207 County Farm Cross Rd 6. 207 County Farm Cross Rd
(Street Address of Principal Office) (Mailing Address)
Dover, NH 03820 Dover, NH 03820

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

Name: Omar Maher
Office Address: 781 Citrus Place
Wellington, Florida 33414
(City) (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.

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
<u>President/owner</u>	<u>Omar Maher</u>		
	<u>207 County Farm Cross Rd</u>		
	<u>Dover, NH 03820</u>		

(Use attachments if necessary)

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)

10. 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.

Noreen Evans
Signature of an authorized person

Noreen Evans Authorized Entity.
Typed or printed name of signee

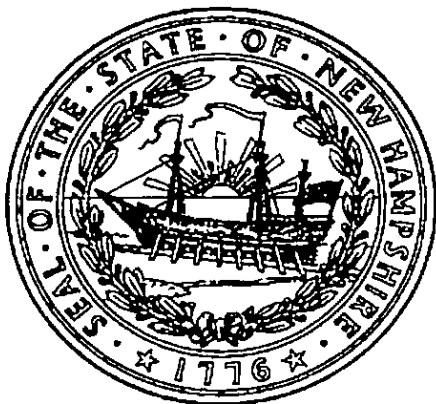
State of New Hampshire

Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that ATLANTIC EQUINE SERVICES PLLC is a New Hampshire Professional Limited Liability Company registered to transact business in New Hampshire on March 01, 2010. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 626830



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 20th day of October A.D. 2017.

A handwritten signature in black ink, appearing to read "Wm Gardner".

William M. Gardner
Secretary of State