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		ation Section n of Corporation	as			·	
SUBJEC		sa Arte Equestre.	LLC				
SUBSIC			Name of I	limited Liability C	Company		
			eign Limited Liability Comp d to register the above refere				
Please ret	turn all	correspondence c	oncerning this matter to the	following:			
		Paul Cipparone					
			Na	me of Person			
		Cipparone & C	ipparone, P.A.				
			Fir	m/Company			
		1525 Internatio	nal Parkway, Suite 1071		_		
				Address			
		Lake Mary, Flo	rida 32746				
			City/St	ate and Zip Code			
		pcipparone@cipp	paronepa.com				
	-		E-mail address: (to be used	for future annual	report not	ification)	
For furthe	er infor	mation concerning	g this matter, please call:				
	Paul Ci	pparone		321 _at (275-591	14	
_		Name o	f Contact Person	Area Code	Dayı	time Telephone Number	
Γ \$ 1	Divisio Registra P.O. Bo	NG ADDRESS: n of Corporations ation Section ex 6327 ssee, FL 32314			Division of Registrati Clifton Bi 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
		eck for the follow .00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	g Fee &	□ \$160.00 Filing Fee, Cer of Status & Certified Copy	

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

IN COMPLANCE 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:

New York (Jurisdiction under the law of what				or "LLC.")
		3 46-0912378		
	nich foreign himited liability company is organized)	J. (FEI	number, if applicable)	
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ	registration) nine penalty liability)		
34 Meetinghouse Road	l	6. 34 Meetinghouse Road	I	
1Street Address of P	rincipal Office)	(Mailing	z Address)	
Pawling, New York 12	564	Pawling, New York 12.	564 ALE	781 .8
			<u> </u>	<u> </u>
Name and street addres	s of Florida registered agent: (P.O. Box	x <u>NOT</u> acceptable)	TARY C ASSEE	30 5
Name:	Cipparone & Cipparone, P.A.		. .	₹ .
Office Address:	1525 International Parkway, Suite 107	71		PH 12: 05
	Lake Mary	2274	<u></u>	2
		=	• •	
aving been named as re signated in this applica comply with the provisi	(City)	process for the above stated lim is registered agent and agree to	act in this capacity. I	further o
aving been named as re signated in this applica comply with the provisi	(City) tance: gistered agent and to accept service of tion, I hereby accept the appointment a ons of all statutes relative to the propel t of my position as registered agent.	ciprocess for the above stated lim as registered agent and agree to and complete performance of	ited liability company act in this capacity. I	further d
aving been named as resignated in this application comply with the provising accept the obligations	(City) tance: gistered agent and to accept service of tion, I hereby accept the appointment a ons of all statutes relative to the propel t of my position as registered agent. (Registered agent's	process for the above stated lim as registered agent and agree to r and complete performance of signature)	nited liability company act in this capacity. I my duties, and I am fa	further o
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Typed or printed name of signee

State of New York Department of State } ss:

I hereby certify, that CASA ARTE EQUESTRE LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 08/29/2012, and that the Limited Liability Company is existing so far as shown by the records of the Department.

The Biennial Statement is past due.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 17th day of August two thousand and eighteen.

Brendan W. Fitzgerald Executive Deputy Secretary of State