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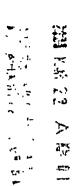
| (Re                     | equestor's Name)   | <del></del> |
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| (Ci                     | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bı                     | usiness Entity Nar | me)         |
| (Dx                     | ocument Number)    | _           |
| Certified Copies        | Certificates       | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
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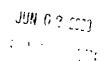
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### **COVER LETTER**

| TO:  | Registration Section Division of Corporations  |   |
|--|--|---|
| SUBJE  | Grady Racehorses, LLC  |   |
|  | <del></del>  | me of Limited Liability Company   |
| The enci<br>Existence  | losed "Application by Foreign Limited Liability<br>ee, and check are submitted to register the abov  | y Company for Authorization to Transact Business in Florida." Certificate of<br>the referenced foreign limited liability company to transact business in Florida. |
| Please re  | eturn all correspondence concerning this matter  | r to the following:   |
|  | Keith Grady  |   |
|  |  | Name of Person  |
|  | The Grady law Firm, P.C.   |   |
|  | ······································   | Firm/Company  |
|  | 2219 Sawdust Rd. # 1904  |   |
|  |  | Address   |
|  | The Woodlands. Texas 77380   |   |
|  |  | City/State and Zip Code   |
|  | keith@grady-law.com  |   |
|  | E-mail address: (to  | be used for future annual report notification)  |
| For furth  | ner information concerning this matter, please of  | call:   |
| Keith Grady  |  | 713 228-2200  |
|  | Name of Contact Person   | Area Code Daytime Telephone Number  |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |  | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303                    |
|  | Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE  ☐ \$125.00 Filing Fee ☐ \$130.00 Filing F  Certificate | Fee &  \$\sum \text{\$155.00 Filing Fee & } \sum \text{\$160.00 Filing Fee, Certificate}\$  |

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

IN COMPILANCE 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:

Grady Racehorses, LLC

| Гехаѕ                                 | e name adopted for the purpose of transacting business in Flor   |                                    | hility Company," "L.L. C," or   | "LLC.  |
|---------------------------------------|--|------------------------------------|---|--|
| _                                     |  | 46-0923795<br>3.                   |   |  |
| Durisdiction under the law of         | which foreign limited liability company is organized)  | (FEI number                        | r, if applicable)   |  |
|                                       |  |                                    |   |  |
|                                       | (Date first transacted business in Florida, if prior to re<br>(See sections 605 0904 & 605 0905, F.S. to determine | gistration.)<br>penalty liability) |   |  |
| 12520 NW 160th Stre                   |  | 12529 NW 160th Street<br>6.        |   |  |
| et Address of Principal Office)       |  | (Mailing Address)                  | <del></del>   | _  |
| Reddick, FL 32686                     |  | Reddick, FL 32686                  |   |  |
|                                       |  |                                    |   | _  |
|                                       |  |                                    | es.2  |  |
|                                       |  | <del></del>                        |   |  |
| Name and street addre                 | one of Florido maistered (D.O.D.   | NOT                                | H ad  |  |
| Name and street addre                 | ess of Florida registered agent: (P.O. Box.)   | NOT acceptable)                    | H ed  |  |
| Name and <u>street addre</u>          |  | NOT acceptable)                    | ## 272<br>###<br>###<br>###<br>###<br>###<br>###<br>###<br>###<br>### | The second of th |
| Name and <u>street addre</u><br>Name: | CT Corporation System  | NOT acceptable)                    | 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                               |  |
|                                       | CT Corporation System  | NOT acceptable)                    |   | Service of the servic |
|                                       |  | NOT acceptable)                    |   | processor of the control of the cont |
| Name:                                 | CT Corporation System 1200 South Pine Island Road  |                                    |   | The second secon |
| Name:                                 | CT Corporation System  | NOT acceptable)  33324  Florida    |   |  |

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Brad Grady □ Manager Name: □Manager Name: \_\_\_\_\_ Address: 2745 S Hwy 171 ■ Member ☐ Mcmber Address: Cleburne, Texas 76301 ☐ Authorized ☐ Authorized Person Person □Other\_\_\_\_\_ □Other\_\_\_\_ □Other\_\_\_\_ Other Name: ☐ Manager □Manager Name: ☐ Member Address: □Member Address: \_\_\_\_\_ ☐ Authorized ☐ Authorized Person Person □Other\_\_\_\_ \_ Other\_\_\_\_ □Other\_\_\_\_\_ □Other\_\_\_\_ Name: \_\_\_\_\_ □Manager □Manager Name: □Member Address: ☐ Member Address: ☐ Authorized ☐ Authorized Person Person Other\_\_\_\_ □Other\_\_\_\_ Other\_\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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. Synature of an authorized person

Typed or printed name of signee

Brad Grady

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Grady Racehorses, LLC (file number 801651678), a Domestic Limited Liability Company (LLC), was filed in this office on September 07, 2012.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on May 11, 2020.



Ruth R. Hughs Secretary of State

: (512) 463-5709 Dial: 7-1-1 for Relay Services TID: 10264 Document; 969476420005