

1121000002943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

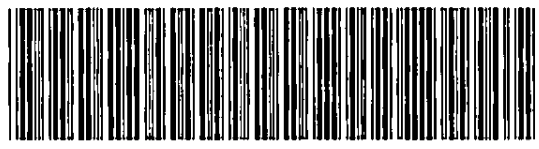
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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21 FEB 20 PM 2:14

MAR 1 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Elite Horse Training, LLC

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:

Karen Owens

Name of Person

Elite Horse Training, LLC

Firm/Company

1707 Post Oak Blvd #484

Address

Houston, TX 77056

City/State and Zip Code

karen.sue.owens@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Owens

713

553-0349

at ()

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 DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☒ \$155.00 Filing Fee & Certified Copy ☐ \$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. Elite Horse Training, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

EHT, 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. Texas 3. 84-3068702
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. February 1, 2021
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 11164 Marina Bay Rd. 6. 1707 Post Oak Blvd #484
(Street Address of Principal Office) (Mailing Address)
Wellington, FL 33449 Houston, TX 77056

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

Name: Natalie Pai
Office Address: 11164 Marina Bay Rd.
Wellington 33449
(City) , Florida (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.

Natalie Pai

(Registered agent's signature)

2021 FEB 12 PM 3:15

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:**

☐ Manager Name: Melanie Pai

☒ Member Address: 11164 Marina Bay Rd.

☐ Authorized Wellington, FL. 33449

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Natalie Pai

☒ Member Address: 11164 Marina Bay Rd.

☐ Authorized Wellington, FL 33449

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Lou Pai

☒ Member Address: 11164 Marina Bay Rd.

☐ Authorized Wellington, FL 33449

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Karen Owens

☐ Member Address: 1707 Post Oak Blvd #484

☐ Authorized Houston, TX. 77056

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

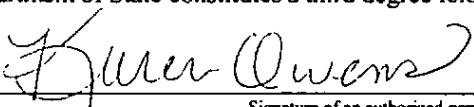
Person _____

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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.



Signature of an authorized person

Karen Owens

Typed or printed name of signee



Office of the Secretary of State

CERTIFICATE OF FILING OF

Elite Horse Training LLC
File Number: 803406534

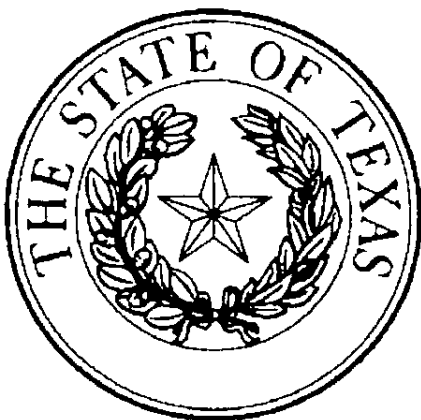
The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Formation for the above named Domestic Limited Liability Company (LLC) has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

The issuance of this certificate does not authorize the use of a name in this state in violation of the rights of another under the federal Trademark Act of 1946, the Texas trademark law, the Assumed Business or Professional Name Act, or the common law.

Dated: 08/28/2019

Effective: 08/28/2019



A handwritten signature in black ink, appearing to read "Ruth R. Hughs".

Ruth R. Hughs
Secretary of State



Franchise Tax Account Status

As of : 02/19/2021 12:24:05

This page is valid for most business transactions but is not sufficient for filings with the Secretary of State

ELITE HORSE TRAINING LLC

Texas Taxpayer Number 32071782562

Mailing Address 1707 POST OAK BLVD # 484 HOUSTON, TX 77056-3801

Right to Transact Business in Texas ACTIVE

State of Formation TX

Effective SOS Registration Date 08/28/2019

Texas SOS File Number 0803406534

Registered Agent Name KAREN OWENS

Registered Office Street Address 1707 POST OAK BLVD 484 HOUSTON, TX 77056