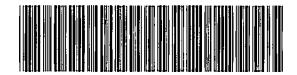
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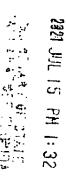
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Los Marson

Office Use Only



300369517773

07/08/21--01007--029 **125.00



'JUL 15 2021 M. SOLOMON

COVER LETTER

Registration Section

TO:

Nam	e of Limited Liability Company
	Company for Authorization to Transact Business in Florida," Certific referenced foreign limited liability company to transact business in Fl
return all correspondence concerning this matter t	to the following:
MARIE I GRASMEIER	
	Name of Person
GRASMEIER BUSINESS CONSULT	TING
	Firm/Company
12031 CYPRESS LINKS DRIVE	
	Address
FORT MYERS, FL 33913	
C	City/State and Zip Code
MARIE@MARIECPA.COM	
E-mail address: (to be	e used for future annual report notification)
rther information concerning this matter, please ca	11:
MARIE J. GRASMEIER	239 450-2105 at ()
Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
ranagassee, rig 52514	Tallahassee, FL 32303
Enclosed is a check for the following amount:	PARTMENT OF STATE

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:

COMPANY TO TRANSACT BE	USINESS INTHE STATE OF FLORIDA:				
STALLION EQUITY	MANAGEMENT,LLC Limited Liability Company; must include "Limite				
(Name of Foreign	Limited Liability Company; must include "Limite	ed Liability C	ompany," "L.L.C.," or "LLC.")		
SEM LLC					
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in F	florida. The alte	rnate name must include "Limited Liability Compa	ny," "L.L.C," or "LL	.C.")
GEORGIA					
3	which foreign limited liability company is organized)	3	(FEI number, if applicab	,	
Durisdiction under the law of w	which foreign limited liability company is organized)	(FEI number, if applicable)			
02/22/2021					
4					
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration.) nine penalty lia	oility)		
3200 RIVERSIDE DE	rive	3.	200 RIVERSIDE DRIVE		
5. (Street Address of Principal Office)		6	(Mailing Address)		
			•		
SUITE B-200		S	UITE B-200		
					
MACON, GA 31210		MACON, GA 31210			
	***************************************	_			
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acc	entable)	14.15	21
<u> </u>			,	- . .	2921
	ANCELA C MOSIED			te. 19	ו שני וצ
Name:	ANGELA C MOSIER			َ رَقِي اللهُ العمر في إ	
				`स् <u>′</u> • • •	
Office Address:	304 E PINE STREET STE 116				P .
Office Fiedless.				7 A 25 3	
	LAKELAND		33801	274	ယ္

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.

Ovacla C MONNI

(City)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

Title or Capacity:	Name and Address:	Title or Capacity:	<u></u>
■Manager	Name: BRINDLEY VENABLES	□Manager	Name: GLENN BARLOW
■Member	Address: 108 S BROADWAY APT C	■Member	Address: 13980 JANE STREET
□Authorized	NYACK, NY 10960	□Authorized	KING CITY, ON CANADA L7B 1A3
Person		Person	
□Other	Other	□Other	Other
⊡Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other		□Other	Other S
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	: 3. 3.
Person		Person	
Other	Other	Other	Other
indexed individuals 9. Attached is a cert	ise an attachment to report more than six (6). It may be added to the index when filing your F ificate of existence, no more than 90 days old, at law of which it is organized. (If the certification is supported in the certification is supported in the certification in the certification in the certification is supported in the certification	lorida Department of State duly authenticated by the	Annual Report form. official having custody of records in the

- 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	
GLENN BARLOW		

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

Annual Registration

Electronically Filed Secretary of State

Filing Date: 06/04/2021 23:43:49

BUSINESSINFORMATION

BUSINESS NAME : Stallion Equity Management, LLC

CONTROL NUMBER : 20200125

BUSINESS TYPE : Domestic Limited Liability Company

ANNUAL REGISTRATION PERIOD : 2021

BUSINESS INFORMATION GURRENTLY ON FILE

PRINCIPAL OFFICE ADDRESS : 3200 Riverside Drive., Suite B-200, Macon, GA, 31210, USA

REGISTERED AGENT NAME : Bond H. Almand

REGISTERED OFFICE ADDRESS : 3200 Riverside Drive., Suite B-200, Macon, GA, 31210, USA

REGISTERED OFFICE COUNTY : Bibb

UPDATES TO ABOVE BUSINESS INFORMATION 2

PRINCIPAL OFFICE ADDRESS : 3200 Riverside Drive., Suite B-200, Macon, GA, 31210, USA

REGISTERED AGENT NAME : Bond H. Almand

REGISTERED OFFICE ADDRESS : 3200 Riverside Drive., Suite B-200, Macon, GA, 31210, USA

REGISTERED OFFICE COUNTY : Bibb

AUTHORIZER INFORMATION

AUTHORIZER SIGNATURE : Brindley Venables

AUTHORIZER TITLE : Member

Control Number: 20200125

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Stallion Equity Management, LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

> Docket Number : 21673191 Date Inc/Auth/Filed: 10/15/2020 Jurisdiction : Georgia Print Date : 07/15/2021

Form Number : 211



Bred Raffensperger

Brad Raffensperger Secretary of State



July 15, 2021

MARIE J GRASMEIER GRASMEIER BUSINESS CONSULTING 12031 CYPRESS LINKS DRIVE FORT MYERS, FL 33913

SUBJECT: STALLION EQUITY MANAGEMENT, LLC

Ref. Number: W21000100525

We have received your document for STALLION EQUITY MANAGEMENT, LLC and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Senior Section Administrator

Letter Number: 521A00016223