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PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
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Special Instructions to Filing Officer:				





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T. LEMIEUX

COVER LETTER

TO:	Registration Section Division of Corporations	e						
SUBJEC	DeClue Equine, LLC, a Minnesota limited	d liability company						
00000	CT: Nar	ne of Limited Liability Company						
The encl Existence	osed "Application by Foreign Limited Liability	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.						
Please re	eturn all correspondence concerning this matter	to the following:						
	Nan Cowin							
	Name of Person							
	DeClue Equine							
Firm/Company 3320 Sea Marsh Road Address								
					Fernandina Beach, Florida 32034			
				City/State and Zip Code				
	portlandwoods2@comcast.net							
	E-mail address: (to b	oe used for future annual report notification)						
For furth	er information concerning this matter, please ca	all:						
	Nan Cowin	612 802-8376 at ()						
	Name of Contact Person	at () Area Code Daytime Telephone Number						
Mailing Address: Registration Section		Street Address: Registration Section						
Division of Corporations		Division of Corporations						
P.O. Box 6327		The Centre of Tallahassee						
	Tallahassee, FL 32314	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 Fee Certificate	ee & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate						

10/26-MN Certif. 0#12661981

10/26 Em. J. lessence

FLORIDA DEPARTMENT OF STATE Division of Corporations

October 18, 2021

NAN COWIN 3320 SEA MARSH RD FERNANDINA BEACH, FL 32034

SUBJECT: DECLUE EQUINE, LLC Ref. Number: W21000137833

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

Please return 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.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 921A00025314

NOV 0 1 2071

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: DeClue Equine, 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") Minnesota (limisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.)
(See sections 605 0904 & 605 0905, F.S. to determine penalty liability) 3320 Sea Marsh Road 6. (Mailing Address) (Street Address of Principal Office) Fernandina Beach, Florida 32034 Fornandina Beach, Florida 32034 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Rogers Towers, P.A. C/O Jon C. Lasserre, Esq. Name: 960185 Galeway Blvd, Suite 203 Office Address: Fernandina Boach 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 Justiner agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and tam familiar with and accept the obligations of my position as registered agent.

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:
LlManager	Name: Audrey DeClue, DVM	□Manager	Name: Nan Cowin
■Member	Address: 6955 NW 100th Street	□Member	Address: 3320 Sea Marsh Road
□Authorized	Ocala, Florida 34482	■ Authorized	Fernandina Beach, Florida 32034
Person		Person	
□Other	Other	Other	Other
□Manager	Name:	□Manager	Name:
∐Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
[]Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
LJAuthorized		□Authorized	
Person		Person	
[]Other	Other	□ 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

NAN COWIN

Typed or printed name of signace

Office of the Minnesota Secretary of State Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name: DeClue Equine LLC

Date Filed: 10/20/2017

File Number: 975080500023

Minnesota Statutes, Chapter: 322C

Home Jurisdiction: Minnesota

This certificate has been issued on: 10/26/2021

HEST Steve Pinn Steve Simon

Secretary of State State of Minnesota