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To:	Division of Corporations Fax Number : (850)617-6383						
Account Name : REGISTERED AGENTS INC.  Account Number : I200900000081 Phone : (307)200-2803 Fax Number : (855)330-1010  **Enter the email address for this business entity to be used for father annual report mailings. Enter only one email address please. *SECRETOR AMULES PLANTING OF STATE OR AMULES PLANTING OF							
	Parallele Sport Ho	orses LLC					
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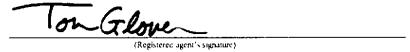
## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	DORT HORSES LLC Limited Limited Company; must include "Limited	Hiability Company ""I I C "	<u> </u>			
(Number of Foreign	Tames enomy company, more include: comme	only company. C.C.	, title, )			
	name adopted for the purpose of transacting business in Flor			any," "L.L.C," or "LLC	")	
<sub>2</sub> Delaware		<sub>3.</sub> 87-4530390				
(Jurisdiction under the law of which foreign limited liability company is organized)			(Fhl number, if applicable)			
4.						
	(Date first transacted business in Florida, if prior to r (See sections 605 0904 & 605,0905, F.S. to determine	egistration ) re penalty limbility)				
4585 Windward Cove Lane		4585 Windward Cove Lane				
(Street Address of	Principal Office)	()	dailing Address)	<del></del>		
	FL 33449	Wellingto	on FL 3:	3 <b>₹</b> 49 ≋		
7. Name and street address	ss of Florida registered agent: (P.O. Box			PEB 17 DRETARY LIAHASSE	-	
Name:	Northwest Registered Ag			AMII: 30 OF STATE E. FLORIDA	(	
Office Address:	7901 4th St N ST			SDA DA		
	St. Petersburg	. Florida 3	3702			
	(City)		(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.



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: Roxane Mosleh Ginsberg Name: Manager Manager 4585 WINDWARD COVE LN Address: Member Address: Member WELLINGTON FL 33449 Authorized Authorized Person Person \_\_\_\_Other\_\_\_\_ Other Other\_ Other Name: \_\_\_\_\_ Manager Name: Manager Address: Member Member Address: Authorized Authorized Person Person Other\_\_ Other\_\_\_\_ Other\_\_\_\_ Other\_ Name: Manager Manager Name: Manager Member Address: \_\_\_\_\_\_\_ Address: Member Authorized 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. 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.

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## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PARALLÈLE SPORT HORSES LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE SIXTEENTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PARALLÈLE SPORT HORSES LLC" WAS FORMED ON THE FOURTEENTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



Authentication: 202677270

Date: 02-16-22

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