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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	Prairie Star Performance Horses LLC	
0013013		Limited Liability Company
		npany for Authorization to Transact Business in Florida," Certificate of renced foreign limited liability company to transact business in Florida.
Please r	eturn all correspondence concerning this matter to th	e following:
	Eleise Blake	
		Name of Person
	Equine Services Unlimited LLC	
		Firm/Company
	P O Box 267	
		Address
	Whitesboro, TX 76273	
	City/s	State and Zip Code
	eleise@equineservicesunlimited.com	
	E-mail address: (to be use	ed for future annual report notification)
For furt	her information concerning this matter, please call:	
	Eleise Blake	903 564-5868 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 DEPAR \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of St	☐ \$155.00 Filing Fee & ■ \$160.00 Filing Fee, Certificate

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:

Prairie Star Performano	re Horses LLC				
(Name of Foreign	Limited Liability Company; must include "Limite	d Liability Company," "L.L.C.	.," or "LLC.")		
/H name upps vilable enter electrons	name adopted for the purpose of transacting business in Fl	wide. The alternate name must inc	dude "Limited Liability	Company ""1 1 C" or	<u></u> 110-5
Tennessee	same adopted for the purpose of transacting ordinals in the	81-4227979	, and the state of	conquity, and, or	,
າ	hich foreign limited liability company is organized)		(FEI number, if applicable)		
02/12/22					
4	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration.) ne penalty liability)		_	
7551 NW 69th Street 5.		7551 NW 69th 5			
(Street Address of Principal Office)		6. (Mailing Addres	15)		_
Ocala, FL 34482		Ocala, FL 3448.	2		_
				8022 I	
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)		APR -	1
Name:	April Speyer	····		SSEELE AM	; {11
Office Address:	7551 NW 69th Street			7:3 FLORII	
	Ocala	. Florida	34482	Die II	
	(City)		(Zin 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.

(Registereil gerin's signature)

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Eleise Blake Name: April Speyer □Manager □Manager Address: ___ 222 Arrowhead Road P O Box 267 Address: □Member ■ Member Whitesboro, TX 76273 Franklin, TN 37069 □ Authorized Authorized Person Person □Other_____ Other □ Other Other____ Name: _____ □ Manager □ Manager □Member Address: □Member Address: ☐ Authorized ☐ Authorized Person Person □Other____ □Other_____ □Other_____ Other Name: Name: □Manager ☐ Manager Address: □Member 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.

Signature of an authorized person

Typed or printed name of signee

Eleise Blake



Division of Business Services Department of State

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

ELEISE BLAKE

WHITESBORO, TX

P O BOX 267

WHITESBORO, TN 76273

Request Type: Certificate of Existence/Authorization

Request #:

0465245

Issuance Date: 03/14/2022

Copies Requested:

ı

March 14, 2022

Document Receipt

Receipt #: 007016326

Filing Fee:

\$20.00

Payment-Credit Card - State Payment Center - CC #: 3825243789

\$20.00

Regarding:

Prairie Star Performance Horses LLC

Filing Type:

Limited Liability Company - Domestic

Formation/Qualification Date: 02/12/2022

Status:

Active

Duration Term: Perpetua

Business County: WILLIAMSON COUNTY

Perpetual

Control #:

1282506

Date Formed:

02/12/2022

Formation Locale: TENNESSEE

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Prairie Star Performance Horses LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett

Secretary of State

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