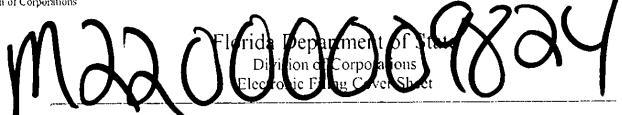
Division of Corporations



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T. LEMIEUX JUN 24 2022

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From, Kaity Toon

nen i minkop wakazi Maziri Oalisa

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

PRECISION EQUINE	SINFSS IN THE STATE OF FLORIDA: LLC		·
(Name of Foreign	Limited Liability Company; must include "Limite	d Liability	Company,""L.L.C.," or "LLC.")
			1
L'mame increallable errer alternate i	same adopted for the purpose of transacting business in E	Torids. The a	shormate name must include "Limited Liability Company," "L.L.C." or "LLC.")
Delaware		3.	(Fi) number, if applicable)
() unisdiction under the law of w	high threign limited liability company is organized)		
n'a			
·	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.5 to determ	regutration	<u> </u>
	(See sections 605.0904 & 605.0905, F.S. to determ	nine penalty l	liability)
2 UNION ST STE 500).	4	2 UNION ST STE 500,
Street Address of Principal Office)		0.	(Mailing Address)
poper AND ME OF	101 4209		PORTLAND, ME - 04101-4298
PORTLAND, ME - 04			
		-	
7. Name and street addre	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> 8	acceptable)
7. Name and street addre	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> 8	acceptable)
7. Name and street addre	ss of Florida registered agent: (P.O. Bo C T Corporation System	x <u>NOT</u> a	acceptable)
7. Name and street addre		x <u>NOT</u> 8	acceptable)
		x <u>NOT</u> a	acceptable)
	C T Corporation System	x <u>NOT</u> a	acceptable)
Name:	C T Corporation System 1200 South Pine Island Road	x <u>NOT</u> a	33324
Name:	C T Corporation System 1200 South Pine Island Road Plantation	x <u>NOT</u> a	33324 , Florida
Name:	C T Corporation System 1200 South Pine Island Road	x <u>NOT</u> a	33324
Name: Office Address:	C T Corporation System 1200 South Pine Island Road Plantation (City)		
Name: Office Address: Registered agent's acceptions here named as re	C T Corporation System 1200 South Pine Island Road Plantation (City)	process	33324, Florida (Zip code) for the above stated limited liability company at the pla
Name: Office Address: Legistered agent's acceptaving been named as referenced in this applications.	C T Corporation System 1200 South Pine Island Road Plantation (City) otance: existered agent and to accept service of them. I hereby accept the appointment	process j	33324, Florida (Zip code) for the above stated limited liability company at the place and agree to act in this capacity. I further a
Name: Office Address: Registered agent's accep Having been named as re designated in this applica to comply with the provis	C T Corporation System 1200 South Pine Island Road Plantation (City) otance: existered agent and to accept service of them. I hereby accept the appointment	process j	33324, Florida (Zip code) for the above stated limited liability company at the pla
Name: Office Address: Registered agent's accep Having been named as re designated in this applica to comply with the provis	CT Corporation System 1200 South Pine Island Road Plantation (City) Stance: egistered agent and to accept service of whom, I hereby accept the appointment ions of all statutes relative to the prope	process j as registe r and con	33324, Florida (Zip code) for the above stated limited liability company at the place and agree to act in this capacity. I further a

From: Kaity Toon

Page: 4 of 5

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

2022-06-23 14:04:26 PDT

Title or Capacity:	Name and Address;	Title or Capacity:	Name and Address
☐Manager	Name:	□Manager	Name: Ann Randall, S∞.
□Member	Address:	☐ Member	Address: 2 Union Street, Suite 500
■Authorized	Portland, ME 04101	■ Authorized :	Portland, ME 04101
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:
☐ Authorized		☐ Authorized	
Person		Person	
□Other	□Other	Other	Other

- 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.

Ann Randall Typed or printed manie of vignee

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "PRECISION EQUINE 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 TWENTY-THIRD DAY OF JUNE, A.D. 2022.

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

a at corn delawate sov/auth

Authentication: 203752282

Date: 06-23-22

To: