M9800000066

Reque	stor's Name 660 East J ei	fferson St	reet	
Address Tallahassee, FL 32310 222-1092				
City	State	Zip	Phone	

CORPORATION(S) NAME

****285.00

CT Corporation System

CORPORI () Profit () Amendment () NonProfit Limited ₹iability Company () Dissolution/Withdrawal () Foreign () Other () Limited Partnership () Annual Report () Reinstatement () Change of R.A. ()Name Registration ()UCC-1 Financing Statement() UCC-3 Filing ()Fictitious Name () CUS () Photo Copies () Certified Copy XX) Call if Problem) After 4:30 () Call When Ready () Will Wait ⟨⟨) Walk In () Mail Out Name Availability Please Return Extra Copies File Stamped. Document Thank You!!

CR2E031 (1-89)

Acknowledgment

W.P. Verifier

Examiner Updater Verifier

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

orgia		3. <u>58-2392658</u>	
rrisdiction under the law of which mpany is organized)	h foreign limite	d liability (FEI number, if a	pplicable)
y 21, 1998		5 December 31, 2048	
(Date of Organization)	(Duration: Year limited liability cease to exist or "perpetual")	company will
n/a Upon Qualifica	ation	- '	,
(Date first transacted l	business in Flor	ida. (See sections 608.501, 608.502	and 817.155, F.S.)
319 South Main Street			
Statesboro, GA 30458			
	(Street ad	dress of principal office)	
ist name, title, and business ac ill manage the foreign limited	idress of each lliability com	managing member [MGRM] c pany in Florida: (attach additio	r manager [M.GR] onal page if necess
ill manage the foreign limited NAME & ADDRESS:	idress of each lliability com TITLE:	managing member [MGRM] c pany in Florida: (attach addition NAME & ADDRESS:	or manager [M.GR] onal page if necess
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ill manage the foreign limited NAME & ADDRESS: William R. Hickman	l liability com	pany in Florida: (attach addition	onal page if nacess TITLE:
NAME & ADDRESS: William R. Hickman P.O. Box 727	l liability com	pany in Florida: (attach addition	onal page if nacess TITLE:
ill manage the foreign limited NAME & ADDRESS: William R. Hickman P.O. Box 727 Statesboro, GA 30459	I liability com TITLE: MGR	pany in Florida: (attach addition	onal page if nacess TITLE:
ill manage the foreign limited NAME & ADDRESS: William R. Hickman P.O. Box 727 Statesboro, GA 30459 Don F. Hunt	I liability com TITLE: MGR	pany in Florida: (attach addition	onal page if nacess TITLE:
NAME & ADDRESS: William R. Hickman P.O. Box 727 Statesboro, GA 30459 Don F. Hunt 21651 N.R. 30th Street	I liability com TITLE: MGR	pany in Florida: (attach addition	onal page if nacess TITLE:
will manage the foreign limited NAME & ADDRESS: William R. Hickman P.O. Box 727 Statesboro, GA 30459 Don F. Hunt 21651 N.E. 30th Street	I liability com TITLE: MGR	pany in Florida: (attach addition	TITLE:

^{9.} Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state under the law of which it is organized. (A hotocopy is not acceptable. If the cortificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: CELESETIS STABLES, LLC		
The name and address of the registered agent and office is:	<u>.</u>	9
Don F. Numt (Name)	MUL 8	NOISI
21651 N.E. 30th Street	12)fr our
(P.O. Box mt acceptable)	PM	1
Williston, FL 34479 (City/State/Zip)	<u> 1</u> ։ կ5	

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Don F. Hunt

FILINGFEE: \$35 for Designation of Registered Agent

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

11	ie undersigned member of authorized representative of a member ofCELESETIS	S STABLES, L.L.C
	certifies:	
1)	the above named limited liability company has at least two members;	•
2)	the total amount of cash contributed by the member(s) is	\$ <u>200.00</u> ;
3)	if any, the agreed value of property other than cash contributed by member(s) is (A description of the property is attached and made a part hereto.) and	\$ <u>0.00</u> ;
4)	the total amount of cash and property contributed and anticipated to be contributed by member(s) is (This total includes amounts from 2 and 3 above.)	g_200.00
	Signature of a member or authorized representative of a membe (In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Don F. Hunt, Manager	SECRETARY OF COTO
	Typed or printed name of signee	OF STATE REPORATIONS

Filing Fee: \$250.00 for Application and Affidavit

Secretary of State

Corporations Division Suite 315, West Tower 2 Martin Luther King Jr. Dr. Atlanta, Georgia 30334-1530 DOCKET NUMBER : 981480647
CONTROL NUMBER : 9819572
DATE INC/AUTH/FILED: 05/21/1998
JURISDICTION : GEORGIA
PRINT DATE : 05/28/1998

FORM NUMBER : 211

CT CORPORATION SYSTEM
HEATHER GILLIAM
1201 PEACHTREE STREET, NE
ATLANTA, GA 30361

CERTIFICATE OF EXISTENCE

I, Lewis A. Massey, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

CELESETIS STABLES, L.L.C. A GEORGIA LIMITED LIABILITY COMPANY

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filling 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 abovenamed 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.



Lewis a. Massey

Lewis A. Massey Secretary of State