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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: FCA000000023 : (850)222-1092

Phone Fax Number

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FLORIDA PROFIT/NON PROFIT CORPORATION US Show Jumping System Inc.

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SECRETARY OF STATE

MRD 8/25

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: US Show Jumping System Inc.	
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFEX</u>)
Enclosed are an original and one (1) copy of the arti	icles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filting Fee Filling Fee, & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: Miller Canfield Paddock and S Name	tone; P.L.C. (Printed or typed)
840 West Long Lake Road, Su	ite 200
•	Address
Troy, Michigan 48098	
. City,	State & Zip
248-879-2000	
Daytime T	elephone number
(Joldswarthy @ M	litter (anticle dicomi
E-mall address; (to be used	for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

FILED

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

11 AUG 24 AM 11: 17

ARTICLE II	PRINCIPAL OFFICE	•	SECRETARY OF ST. TALLAHASSEE, FLO
	Principal street address	Mailing address, if	different is:
· <u>:</u>	Ollinga Malby 32		•
	745 94 Enköping, Sweden		
RTICLE III	PURPOSE	·	· · ·
he purpose for w	high the corporation is organized is:		
Sale and distrib corporations ma	ution of show jumping equipment, and any act by be formed under the Florida Business Corp.	livity related thereto, and any pu oration Act.	rpose for which
RTICLE IV		n stack ne navnakie	
he number of shar	es of stook is:	in stock, no par veius.	
RTICLE V	INITIAL OFFICERS AND/OR DIRECTORS		
Name and Ti Address:	tie:	Name and Title:	<u> </u>
Address:		Address:	
Name and Tit	de:	Mana and Title	
Address:		Address:	
			
Name and Tit	le;	Name and Title:	
Address:			
TICLE VI	registered agent		
name and Flor	ida street address (P.O. Box NOT acceptable) of the	ne registered agent is:	·
Name: Address:	CT Corporation System		
WORLESS!	1200 South Pine Island Road Plantation, Florida 33324	•	•
PRESENT EN 4242	•		
	INCORPORATOR 2539 of the Incorporator is:		
Name:	Julia H. Goldsworthy	•	
Address:	840 West Long Lake Road, Suite 200	•	•
	Troy Michigan 48098	•	
ing been namer	l as regimered agent to accept service of process f	or the above stated corporation at	the place designated in
	familiar with and accept the appointment as registed.	tred agent and agree to oot in this c netwo	rapacity
certificate, x om	Robert B	in J	12411
	A 1.4 3 3/1 X A/1 3		<u> </u>
Zolla	Required Signature/Registered Agent		Date
Zetre	Required Signsture/Registered Agent		Date
whit this docum	ent and affirm that the facts stated herein are tr	uc. I am aware that the false info	
whit this docum		s provided for in s.\$17.155, F.S.	