

AZ CORPORATION COMMISSION MAY 0 2 2014 FILED

APR 0 7 2014

FILE NO. R-1917232-9

CONTRACTOR IN THE STATE OF THE 04612951

FILE NO. R. 1917 2329

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

APPLICATION FOR REGISTRATION OF FOREIGN LIMITED LIABILITY COMPANY

			Pleas	e read Instructions <u>L0</u> 25i					
L.	ENTI	יד צדו	YPE – check only one to	o indicate the type of entity applying for registration:					
	X	і шміт	ED LIABILITY COMPANY	PROFESSIONAL LIMITED LIABILITY COMPANY					
2.		NAME IN STATE OR COUNTRY OF FORMATION (FOREIGN NAME) - enter the exact, true name of the foreign LLC:							
	Blake !	Perforn	nance Horses, LLC						
3,		NAME TO BE USED IN ARIZONA (ENTITY NAME) — identify the name the foreign LLC will use in Arizona by checking 3.1 or 3.2 (check only one), and follow instructions:							
	3.1	X	Name in state or counumber 4 and continue	ntry of formation, with no changes or additions - go to					
	3.2		formation is not available identifier, and enter the	ck this if the foreign LLC's name in its state or country of ole for use in Arizona or if that name does not contain an LLC e name in number 3.3 below. NOTE — a resolution of the fictitious name must be attached to and submitted with this					
	3.3	If	you checked 3.2, enter	or print the name to be used in Arizona:					
4. 	in nur	mber :	ONAL LIMITED LIABIL 1 above, describe the pro- law firm, accounting, me	ITY COMPANY SERVICES — if professional LLC is checked ofessional services that the professional LLC will provide edical):					
5.	FOREIGN DOMICILE - list the state or country in which the foreign LLC was formed: Minnesota								
6.	DATE	OF F	ORMATION IN FOREIG	in DOMICILE: May 2, 2013					
7.	foreig	n LLC	OR GENERAL CHARACT or the general character and show horses	TER OF BUSINESS - describe or state the purpose of the of the business it proposes to transact in Arizona:					
L025.				Aitzone Corporation Commission - Corporations Division Page 1 of 3					

B. STAT		GENT IN AR			n Optional	pan - ***		a la Arizana ef
8.1	an individua or street ac	REQUIRED - give the name (can be an individual or an entity) and physical or street address (not a P.O. Box) in Arizona of the statutory agent:			8.2 OPTIONAL - mailing address in Arizona of statutory agent, if different from street address (can be a P.O. Box):			
lark A. Bla	ke							
atutory Agent	Name (required)			7				
ttention (option	nal)			Attention (optional)				
	Amethyst Dr	ive		Address 1		·		
ddress 1								
ddress 2 (optic			7	Address 2 (optional)		4-8-	71-
ity Rio Ver	rde		Z zip 85263	Oty	M002 mus		tate mitted	I along with
8.3	REQUIRE	D – the <u>Stat</u> cation For Re	utory Agent Acce	<u>ptance</u> roi	rm MUU2 Mus	st be subi	mitec	along with
its st	ate or cou	ntry of organ	ganization, or, if hization:					
								· · · · · · · · · · · · · · · · · · ·
	Attention (optionel) Bearpath Trail						
	Address 1	ocarpani IIan						-
	Address 2	(optional)		1.01			55247	
	Eden Pra	airie			MN State or		55347	
	City	UNITED ST.	ATES		Province		·	
	Country	<u>'</u>	······································					
-								
10. OPTI	ONAL - A	RIZONA KI	NOWN PLACE OF	F BUSINE	ESS ADDRES	S:		
•							+ha	root address
10.1	Is the	Arizona knov	vn place of busine ent? 🔀 Yes - (ess street	agoress the : next page an	d continu	16.	reer audres:
	or the s	statutory age	site <u>G</u> ires ;	complete	number 10.2	and cont	tinue.	
			_					- (
10.2	If you Box) of	answered "n f the known p	no" to number 10 place of business	.1, give th of the LL	ne physical or C in Arizona: 	street a	aaress 	s (not a P.U.
	Attention (optional)					-	
	Address 1	· -		<u> </u>				
	Addison 3	(ontional)			<u> </u>	<u> </u>		
	Address 2	(opoonal)						
	City			· · · · · · · · · · · · · · · · · · ·	State or Province		Zip	
	Country				_			

COMPLETE NUMBER 11 OR NUMBER 12 - NOT BOTH.

11.	MANAGER-MANAGED LLC - <u>see Instructions L025i</u> - check this box ☐ if management of the LLC is vested in a manager or managers, and complete and attach the <u>Manager Structure</u> Attachment form L040. The filing will be rejected if it is submitted without the attachment.										
12.	MEMBER-MANAGED LLC – <u>see Instructions L025i</u> – check this box ☒ if management of the LLC is reserved to the members, and complete and attach the <u>Member Structure Attachment</u> form L041. The filing will be rejected if it is submitted without the attachment.										
13.	SIGNATURE: By checking the box marked "I accept" below, I acknowledge <i>under penalty</i> of perjury that this document together with any attachments is submitted in compliance with Arizona law.										
	12 60 PS (☑ I ACCEPT Mark A. Blake		4-1-14						
Signatur			Printed Name		Date						
REQUIRED - check only one and fill in the corresponding blank if signing for an entity:											
I am the individual Manager of this manager-managed LLC or I am signing for an entity manager named:			I am a Member of this member- managed LLC or I am signing for an entity member named:		I am a duly authorized agent for this LLC.						
		1									

Filing Fee: \$150.00 (regular processing)	Mail:	Arizona Corporation Commission - Corporate Filings Section 1300 W. Washington St., Phoenix, Arizona 85007
Expedited processing – add \$35.00 to filing fee. All fees are nonrefundable - see Instructions.	Fax:	602-542-4100

Please be advised that A.C.C. forms reflect only the **minimum** provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business.

All documents filed with the Arizona Corporation Commission are **public record** and are open for public inspection.

If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.



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STATUTORY AGENT ACCEPTANCE

Please read Instructions M002i

1.	ENTITY NAME – give the exact name in Arizona of the corporation or LLC that has appointed the Statutory Agent:									
	Blake Performance Horses, LLC									
2.	. A.C.C. FILE NUMBER (if entity is already incorporated or registered in AZ): Find the A.C.C. file number on the upper corner of filed documents OR on our website at: http://www.azcc.gov/Divisions/Corporations									
3.	 STATUTORY AGENT NAME – give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be either an individual or an entity): Mark A. Blake 									
	3.1 Check one box: ☐ The statutory agent is an Individual (natural person). ☐ The statutory agent is an Entity.									
ST	ATUTORY AGENT SIGNATURE:									
-	By the signature appearing below, the individual or entity named in number 3 above accepts the appointment as statutory agent for the entity named in number 1 above, and acknowledges that the appointment is effective until the entity replaces the statutory agent or the statutory agent resigns, whichever occurs first. By checking the box marked "I accept" below, I acknowledge under penalty of perjury that this document together with any attachments is submitted in compliance with Arizona law.									
	☐ I ACCEPT									
SI	Mark A. Blake 4/1/14 Stinature Printed Name Date									
	QUIRED - check only one:									
×	Individual as statutory agent: I am signing on behalf of myself as the individual signing on behalf of myself as the individual and I am authorized to act for that entity.									
Ex su	Ing Fee: none (regular processing) pedited processing – (available only if this form is ibmitted by itself) add \$35.00 to filing fee. If fees are nonrefundable - see Instructions. Mail: Arizona Corporation Commission - Corporate Filings Section 1300 W. Washington St., Phoenix, Arizona 85007 602-542-4100									

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MEMBER STRUCTURE ATTACHMENT

1.	ENTITY NAME - give the exact name of the LLC (foreign LLCs - give name in domicile state or country): Blake Performance Horses, LLC									
2.	A.C.C. FILE NUMBER (if known):									
3.	Check one box only to indicate what document the Attachment goes with: Articles of Organization Articles of Amendment Articles of Amendment to Application for Registration									
4.	 MEMBERS – give the name and address of all Members. If more space is needed, use another <u>Member Structure</u> <u>Attachment</u> form. 									
	A D1 I		· .							
Mark Name	A. Blake	<u></u>	<u></u>	Name		<u> </u>				
	5 East Amethyst Drive			Address 1						
Addre	ss 1			Address						
Addre	ss 2 (optional)		05060	Address 2	(optional)					
Rio \		AZ State or	85263 Zip	City		State or	Zip			
Country UNITED STATES Province				Country		Province				
		<u> </u>								
Name				Name						
Addre	ss 1			Address 1						
Addre	ss 2 (optional)		<u> </u>	Address 2	(optional)					
City		State or	Zip	City		State or Province	Zip			
Count	гу	Province		Country		PIOVINCE				
		_								
Name				Name						
Address 1				Address 1						
Addre	ss 2 (optional)			Address 2	(optional)					
City		State or Province	Zip	City		State or Province	Zip			
Count	ny l			Country		· · · · · · · · · · · · · · · · · · ·				

Office of the Minnesota Secretary of State Certificate of Good Standing

I, Mark Ritchie, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:

Blake Performance Horses, LLC

Date Filed:

05/02/2013

File Number:

670583800022

Minnesota Statutes, Chapter:

322B

Home Jurisdiction:

Minnesota

This certificate has been issued on:

04/01/2014



Mark Ritchie
Mark Ritchie

Secretary of State State of Minnesota