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| (Re                     | questor's Name)   |                 |
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| (Cit                    | y/State/Zip/Phone | <del>= #)</del> |
| PICK-UP                 | ☐ WAIT            | MAIL            |
| (Bu                     | siness Entity Nan | ne)             |
| (Do                     | cument Number)    |                 |
| Certified Copies        | _ Certificates    | of Status       |
| Special Instructions to | Filing Officer:   |                 |

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ALLAHASSEE, FLORID

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| ATTORNEYS T            | ITLE ,                          |  |
|------------------------|---------------------------------|--|
| Requestor's Name       |                                 | 0,                                     |
|                        | IE Outs A                       | OT ALL PHAN                            |
| 1965 Capital Circle N  | IE, Suite A                     | 1.75                                   |
| Address                |                                 | 五                                      |
| Tallahassee, FI 3230   | 08 850-222-2785                 | 10 m                                   |
| City/St/Zip            | Phone #                         | F. 9.                                  |
|                        |                                 | 7.                                     |
|                        |                                 | `````````````````````````````````````` |
|                        |                                 | <u> </u>                               |
| <b>CORPORATION NAM</b> | ME(S) & DOCUMENT NUMBE          | R(S), (if known):                      |
|                        |                                 |  |
| 1- HENDRY TRAIN        | ING STABLES, LLC                |  |
|                        |                                 |  |
| 2-                     |                                 |  |
|                        |                                 |  |
| 3-                     |                                 |  |
|                        |                                 |  |
| 4-                     |                                 |  |
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|                        | Did the state AGAR              |  |
| X Walk-in              | Pick-up time ASAP               | Certified                              |
| Mail-out               | Will wait Photocopy             | Certificate of Status                  |
| Iviali-out             | Thotocopy                       | Octunicate of Status                   |
|                        |                                 |  |
| NEW FILINGS            | AMENDMENTS                      |  |
| Profit                 | Amendment                       |  |
| Non-Profit             | Resignation of R.A., Officer/Di | rector                                 |
| XXX Limited Liability  | Change of Registered Agent      |  |
| Domestication          | Dissolution/Withdrawal          |  |
| Other                  | Merger                          |  |
| OTHER FILINGS          | REGISTRATION/QUALIFICATI        | ON 1                                   |
| Annual Report          | Foreign                         | <del></del>                            |
| Fictitious Name        | Limited Partnership             | <del></del>                            |
| Name Reservation       | Reinstatement                   | ·                                      |
| 140110 110001401011    | Trademark                       |  |
|                        | Other                           |  |
|                        |                                 | <del></del>                            |

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

OF

#### HENDRY TRAINING STABLES, LLC

# ARTICLE I - NAME

The name of the corporation is Hendry Training Stables , LLC.

#### ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is: <u>Post Office Box 1034</u>, <u>Sparr</u>, <u>Florida 32192</u>; and the street address of the principal office of the Limited Liability Company is: <u>714</u> NW 114<sup>th</sup> Street, Ocala, Florida 34475.

## ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE

## & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

Brett L. Swigert 1231 County Road 452 Eustis, FL 32726

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 as provided for in Chapter 608, F.S.

Registered Agent's Signature

# ARTICLE IV - COMPANY TYPE

The company is to be a member managed company. The initial member managers shall be Stacey L. Hendry and Milton S. Hendry. Additional member managers may be appointed by an affirmative vote of a majority of the members.

|     | IN WITNESS   | WHEREOF, | the  | undersigned | has | made | and | subscribed | these | Articles |
|-----|--------------|----------|------|-------------|-----|------|-----|------------|-------|----------|
| of. | Organization | on .the  | 31st | day of      | Jı  | uly  |     | 2007.      |       |          |
|     |              |          |      |             |     |      |     |            |       |          |

Statey Lane Hendry Member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)