

L11000141241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

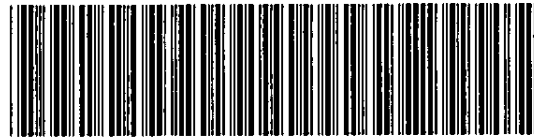
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**B. KOHR**  
DEC 19 2011  
**EXAMINER**

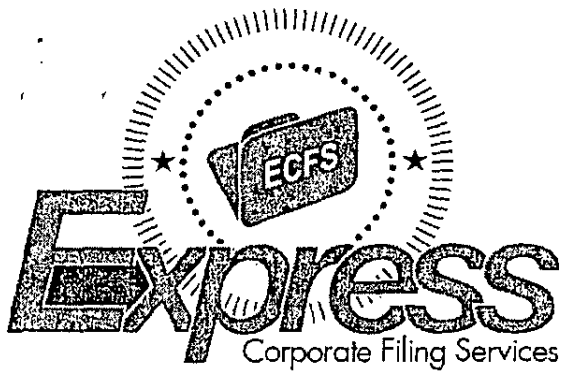


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1000 Ponce de Leon Blvd. Suite: 101

Coral Gables, FL 33134

Phone: 305 444 4994

Email- filing@ecfsfiling.com

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DIVISION OF CORPORATIONS  
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OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. Bluman Equestrian, LLC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in    
  Pick up time \_\_\_\_\_    
  Certified Copy  
 Mail out    
  Will wait    
  Photocopy    
  Certificate of Status

| NEW FILINGS                         |                   |
|-------------------------------------|-------------------|
| <input type="checkbox"/>            | Profit            |
| <input type="checkbox"/>            | NonProfit         |
| <input checked="" type="checkbox"/> | Limited Liability |
| <input type="checkbox"/>            | Domestication     |
| <input type="checkbox"/>            | Other             |

| AMENDMENTS               |  |
|--------------------------|--|
| <input type="checkbox"/> | Amendment                              |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/> | Change of Registered Agent             |
| <input type="checkbox"/> | Dissolution/Withdrawal                 |
| <input type="checkbox"/> | Merger                                 |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

Examiner's Initials

FILED STATE  
SECRETARY OF CORPORATIONS  
11 DEC 16 PM 2:17

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**BLUMAN EQUESTRIAN, LLC**

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**15393 OCEAN BREEZE LANE  
WELLINGTON, FLORIDA 33414**

**Mailing Address:**

**1523 LANTANA DR  
WESTON, FLORIDA 33326**

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**  
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

**DANIEL BLUMAN**

Name

**1523 LANTANA DR**

Florida street address (P.O. Box **NOT** acceptable)

**WESTON FL 33326**

City, State, and Zip

*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 (REQUIRED)

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**  
The name and address of each Manager or Managing Member is as follows:

Title:  
"MGR" = Manager  
"MGRM" = Managing Member


Name and Address:

|             |   |
|-------------|---|
| <u>MGRM</u> | <u>STEVEN BLUMAN (20%)</u><br><u>1523 LANTANA DR</u><br><u>WESTON, FL 33326</u>       |
| <u>MGRM</u> | <u>ILAN BLUMAN (20%)</u><br><u>CR. 24 # 18 AASUR 198</u><br><u>MEDELLIN, COLOMBIA</u> |
| <u>MGRM</u> | <u>JOSEPH BLUMAN (20%)</u><br><u>CALLE 31 # 44-145</u><br><u>MEDELLIN, COLOMBIA</u>   |
| <u>MGRM</u> | <u>MARK BLUMAN (20%)</u><br><u>1523 LANTANA DR</u><br><u>WESTON, FL 33326</u>         |

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)**  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a 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. 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.)

**DANIEL BLUMAN**

\_\_\_\_\_  
Typed or printed name of signer

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

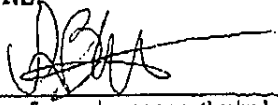
**ARTICLE IV- Manager(s) or Managing Member(s):**  
The name and address of each Manager or Managing Member is as follows:

| <u>Title:</u>            | <u>Name and Address:</u>   |
|--------------------------|----------------------------|
| "MGR" = Manager          |                            |
| "MGRM" = Managing Member |                            |
| <u>MGRM</u>              | <u>DANIEL BLUMAN (20%)</u> |
|                          | <u>1523 LANTANA DR</u>     |
|                          | <u>WESTON, FL 33326</u>    |
|                          |                            |
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(Use attachment if necessary)

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**DANIEL BLUMAN**

Typed or printed name of signee

**Filing Fees:**

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