## L1500071075

(Re	questor's Name)	
(Ad	dress)	<u></u>
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	☐ MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to 1	Filing Officer:	

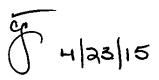
Office Use Only



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15 APR -3 AH IO 2



## **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJI	ECT: <u>Tropic Lightning Racing Stable</u> Name of I	LLC Limited Liability Company	<del></del>		
The en	closed Articles of Organization and fee(s)	are submitted for filing.			
Please	return all correspondence concerning this	matter to the following:			
	Bonnie J. Thompson	Name of Person			
		Name of Ferson			
	<del></del>	Firm/Company			
	17755 SE 84th Sheldon Terrace	Address			
		Address			
	The Villages, Florida 32162	City/State and Zip Code	3		Ωį ⊒
_bc	ennie19@comcast.net E-mail address: (to be u	sed for future annual report notifica	ution)		APR - 1
For fur	ther information concerning this matter, p	lease call:	7		
Bonnie	J. Thompson at Name of Person	( <u>352</u> ) <u>259-2654</u> Area Code Daytime Te	lephone Number		i∩ 27
Enclose	ed is a check for the following amount:				
<b>] \$</b> 125.0	0 Filing Fee \$\times \text{Certificate of Status}\$	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	2\$160.00 Filing Certificate of S Certified Copy (additional copy	Status &	
	Mailing Address Registration Section	Street/Courier Add Registration Section	ress		
	Division of Corporations	Division of Corporat	ions		

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## EFFECTIVE DATE 03 30 15

FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY APR -3 AM 10: 27

ARTICLE I - Name: The name of the Limited Liability Company is:	SECRETARY OF STATE CALLAMASSEE, FLORIDA
Tropic Lightning Racing Stable, LLC (Must end with the words "I.	Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
17755 SE 84th Sheldon Terrace The Villages, Florida 32162	17755 SE 84th Sheldon Terrace The Villages, Florida 32162
ARTICLE III - Registered Agent, Registered C (The Limited Liability Company cannot serve as i another business entity with an active Florida reg The name and the Florida street address of the reg	its own Registered Agent. You must designate an individual or istration.)
Bonnie J. Thompson	
	Name
17755 SE 84th Sheldor Florida street address (P.	n Terrace O. Box <u>NOT</u> acceptable)
The Villages	FL <b>32162</b>
City	Zip
the place designated in this certificate, I hereby capacity. I further agree to comply with the prov	cept service of process for the above stated limited liability company at vaccept the appointment as registered agent and agree to act in this visions of all statutes relating to the proper and complete performance the obligations of my position as registered agent as provided for in Chapter 605, F.S

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

'AMBR" = Authorized Member	Name and Address:
'MGR" = Manager	and the second second
MGR	Bonnie J. Thompson
	17755 SE 84th Sheldon Terrace
	The Villages, Fl. 32162
EV: Effective date, if other than the datective date is listed, the date must be s	e of tiling: <u>March 30, 2015</u> . (OPTIONAL)  pecific and cannot be more than five business days prior to or
Use attachment if necessary)  EV: Effective date, if other than the date ctive date is listed, the date must be so filing.)  EVI: Other provisions, if any.	e of filing: <u>March 30, 2015</u> . (OPTIONAL)  pecific and cannot be more than five business days prior to or
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E V: Effective date, if other than the date ctive date is listed, the date must be significant.  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	pecific and cannot be more than five business days prior to or
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E V: Effective date, if other than the date ctive date is listed, the date must be sof filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a man (In accordance with section 6	pecific and cannot be more than five business days prior to or
EV: Effective date, if other than the date ctive date is listed, the date must be sof filing.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a magnetic constitutes an aftirmation unconstitutes an aftirmation unconstitutes.	pecific and cannot be more than five business days prior to or or the control of this document der the penalties of perjury that the facts stated herein are true.
EV: Effective date, if other than the date ctive date is listed, the date must be sof filing.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a m  (In accordance with section 6 constitutes an aftirmation uncl am aware that any false info	member or an authorized representative of a member.  05.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
EV: Effective date, if other than the date ctive date is listed, the date must be sof filing.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a m  (In accordance with section 6 constitutes an aftirmation uncl am aware that any false info	pecific and cannot be more than five business days prior to or or the control of this document der the penalties of perjury that the facts stated herein are true.
EV: Effective date, if other than the date ctive date is listed, the date must be sof filing.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a m  (In accordance with section 6 constitutes an aftirmation uncl am aware that any false info	pecific and cannot be more than five business days prior to or the compact of the

ARTICLE IV-

Page 2 of 2

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)