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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

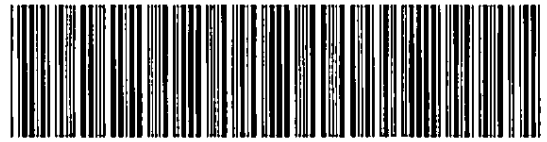
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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M. SOLOMON

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Debbie Hill Dressage LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Georgianne S Graves CPT  
Name of Person

Georgianne S. Graves CPT PC  
Firm/Company

408 S Gunter Ave  
Address

Guntersville AL 35974  
City/State and Zip Code

georgiannesgraves@asg-cpa.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Georgianne S. Graves CPT at ( 256 ) 960-5061  
Name of Contact Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Debbie Hill Dressage, LLC  
(Name of Foreign Limited Liability Company (must include "Limited Liability Company," "L.L.C.," or "LLC."))

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Alabama  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 46-1828049  
(FEI number, if applicable)

4. 6/1/19  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 10025 SW Greenridge Ln  
(Street Address of Principal Office)

6. 10025 SW Greenridge Ln  
(Mailing Address)

Palm City FL 34990

Palm City FL 34990

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Debra Hill

Office Address: 10025 SW Greenridge Ln

Palm City Florida 34990  
(City) (Zip code)

Registered agent's acceptance:  
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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

D Hill  
(Registered agent's signature)

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CITIZEN SERVICES DIVISION

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

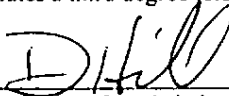
<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input type="checkbox"/>	Manager	Name:	<u>Debra Hill</u>	<input type="checkbox"/>	Manager	Name:	_____
<input checked="" type="checkbox"/>	Member	Address:	<u>10026 SW Greenside Ln</u>	<input type="checkbox"/>	Member	Address:	_____
<input type="checkbox"/>	Authorized		<u>Palm City FL 34990</u>	<input type="checkbox"/>	Authorized		_____
	Person		_____		Person		_____
<input type="checkbox"/>	Other		_____	<input type="checkbox"/>	Other		_____
<input checked="" type="checkbox"/>	Manager	Name:	<u>Lawrence Hill</u>	<input type="checkbox"/>	Manager	Name:	_____
<input type="checkbox"/>	Member	Address:	<u>10026 Greenside Ln</u>	<input type="checkbox"/>	Member	Address:	_____
<input type="checkbox"/>	Authorized		<u>Palm City FL 34990</u>	<input type="checkbox"/>	Authorized		_____
	Person		_____		Person		_____
<input type="checkbox"/>	Other		_____	<input type="checkbox"/>	Other		_____
<input type="checkbox"/>	Manager	Name:	_____	<input type="checkbox"/>	Manager	Name:	_____
<input type="checkbox"/>	Member	Address:	_____	<input type="checkbox"/>	Member	Address:	_____
<input type="checkbox"/>	Authorized		_____	<input type="checkbox"/>	Authorized		_____
	Person		_____		Person		_____
<input type="checkbox"/>	Other		_____	<input type="checkbox"/>	Other		_____

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**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

  
 \_\_\_\_\_  
 Signature of an authorized person  
  
DEBRA Hill  
 \_\_\_\_\_  
 Typed or printed name of signee

John H. Merrill  
Secretary of State

P.O. Box 5616  
Montgomery, AL 36103-5616

# STATE OF ALABAMA

**I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that Debbie Hill Dressage, LLC was formed in Madison County, Alabama on January 16, 2013. The Alabama Entity Identification number for this entity is 272-694. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



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**In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.**

06/25/2019

Date

John H. Merrill

Secretary of State