

JIMCYN AMERKAN WARMEL	PILL 200
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CHMTHIA A, ASHBY- OWNER	
9821 CR 671	4000
BUSHNELL, FL 33513	06/1
352-793-5805	
(Business Entity Name)	
(Document Number)	
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151 AMASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

June 25, 2003

CYNTHIA A. ASHBY 9821 CR 671 BUSHNELL, FL 33513

SUBJECT: JIMCYN AMERICAN WARMBLOODS L.L.C.

Ref. Number: W03000018215

We have received your document for JIMCYN AMERICAN WARMBLOODS L.L.C. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Letter Number: 203A00038637

Agnes Lunt Document Specialist

Disting of Computing D.O. DOV 6297 Tollahagaa Florida 2991

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPAÑÝ

ARTICLE I - Name:	03 JUL 11 PM 3: 11
The name of the Limited Liability Company is:	COTTO COLLEGE STATE
Zimcya American Warmbloods LLC	TALLAHASSEE, FLORIDA
·	
ARTICLE II - Address:	
The mailing address and street address of the principal office of the Limited Lia	
9821 CR 611, Bushwell, Fl. 33517	う
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's	Signature:
The name and the Florida street address of the registered agent are:	
WILLIAM SEMBOWER EX	
WILLIAM SEMBOWER EX	···
128 BUSHNELL PLAZA	
Florida street address (P.O. Box NOT acceptable)	
Bushnell, FL 33513 City, State, and Zip	a.e.
City, State, and Zip	•
liability company at the place designated in this certificate, I hereby accept the a registered agent and agree to act in this capacity. I further agree to comply with statutes relating to the proper and complete performance of my duties, and I am accept the obligations of my position as registered agent as provided for in Chap	the provisions of all familiar with and
Registered Agent's Signature	
(An additional article must be added if an effective date is requ	iested)
Cynthia a ashby	
Signature of a member or an authorized representative of a memb	er.
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perthat the facts stated herein are true.)	
Typed or printed name of signee	MA A-Ashby
Filing Fees: \$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	·