

L04000019001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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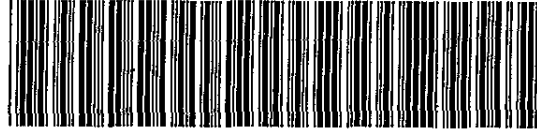
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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L04-19001
a

SUSAN CHAPMAN

ATTORNEY AT LAW

1800 SECOND STREET

SUITE 799

SARASOTA, FLORIDA 34236

TELEPHONE (941) 365-4546

FACSIMILE (941) 366-6624

ALSO LICENSED IN MISSOURI

February 26, 2004

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SUBJECT: LMW STABLES, LLC

Dear Sir or Madam:

Enclosed are the Articles of Organization for the above matter together with a check in the amount of \$130.00 representing:

1. \$100.00 for Filing Fees the Articles of Organization;
2. \$ 25.00 for Designation of Registered Agent; and,
3. \$ 5.00 for Certificate of Status.

Please return all correspondence concerning this matter to the following:

Susan Chapman
Attorney at Law
1800 Second Street, Suite 799
Sarasota, Florida 34236

For further information concerning this matter, contact Susan Chapman at (941) 365-4546.

Sincerely,



Susan Chapman

SC\bah
Enclosure(s)

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR
LMW STABLES, LLC
A FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I

The name of the Limited Liability Company is LMW STABLES, LLC.

ARTICLE II

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

Principal Office Address:

**LMW STABLES, LLC
721 Springbrook Farm Road
Sarasota, Florida 34240**

Mailing Address:


**LMW STABLES, LLC
721 Springbrook Farm Road
Sarasota, Florida 34240**

ARTICLE III

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

**Lesley M. Weber
721 Springbrook Farm Road
Sarasota, Florida 34240**

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, Florida Statutes.


Registered Agent's Signature

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TALLAHASSEE, FLORIDA

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ARTICLE IV

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGMR" = Managing Member

Name and Address:

"MGR"

Lesley M. Weber (10% interest)
721 Springbrook Farm Road
Sarasota, Florida 34240

"MGMR"

Joan Weber Jenkin (90% interest)
1111 Springbrook Farm Road
Sarasota, Florida 34240

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.)

Lesley M. Weber

Typed or printed name of signer



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.)

Joan Weber Jenkin

Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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