

L040000 31235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000032583080

03/15/04--01044--008 \*\*125.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 APR 15 AM 8:37

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Twin Creeks Equestrian Sales, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joey Eaton  
(Name of Person)

The Ark, Inc.  
(Firm/Company)

155 Glendale Ave #14  
(Address)

Sparks, NV 89431  
(City/State and Zip Code)

For further information concerning this matter, please call:

Joey Eaton at ( 775 ) 331-0404  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 APR 15 AM 8:37

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Twin Creeks Equestrian Sales, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

11700 Twn Creeks Drive

Fort Pierce, FL 34945

**Mailing Address:**

11700 Twn Creeks Drive

Fort Pierce, FL 34945

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Thomas H. Lukat

Name

11700 Twin Creeks Drive

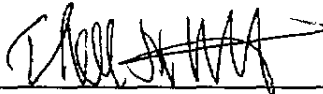
Florida street address (P.O. Box **NOT** acceptable)

Fort Pierce

FL 34945

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

(CONTINUED)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 APR 15 AM 8:37

**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:**

MGR

Thomas H. Lukat

1700 Twin Creeks Drive

Fort Pierce, FL 34945

Thomas H. Lukat

MGRM

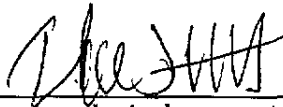
LENA LUKAT

11700 TWIN CREEKS DRIVE  
FT. PIERCE, FL 34945

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**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.)

Thomas H. Lukat

Typed or printed name of signee

**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)**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 APR 15 AM 8:37