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## TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SURFECT: The Minnesota Group, 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:

Susan M. Blinks
(Name of Person)

Topline Dressage, LLC
(Firm/Company)

2558 Bed ford Mews Dr.
(Address)

Wellington, FL 33 4/14
(City/State and Zip Code)

For further information concerning this matter, please call:

Elizabeth Clarke at (707) 838-2674
(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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

The Minnesota Group, LLC	
ARTICLE II - Address: The mailing address and street address of the principal office of	f the Limited Liability Company is:
Principal Office Address: Mailin	ng Address:
2558 Bedford Mews Dr. 25	58 Bedford Mews Dr.
Wellington, FL 33414 Well	lington, FL 33414
ARTICLE III - Registered Agent, Registered Office, & Reg The name and the Florida street address of the registered agent	
Susan M. Blinks	WH 70
2558 Bedford Mews Florida street address (P.O. Box NOT accep	
Wellington, FLORIDA City, State, and Zip	<u>334</u> /4 } &

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

Page 1 of 2 (CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Susan M. Blinks 2558 Bedford Mews D Wellington, FL 33414
(Use attachment if necessary)	
NOTE: An additional article m	ust be added if an effective date is requested.
REQUIRED SIGNATURE:	
Signature of a member of	M. Blinks) or an authorized representative of a member.
(In accordance with section of this document constitute that the facts stated herein	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury are true.)
Susan M	d or printed name of signec

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)