L04000043816

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



200037037982

05/27/04--01020--016 **125.00

WO4-21323 1884AN JUN -2 2004

TRANSMITTAL LETTER

	egistration Section vision of Corporations
SUBJECT:	Trojan Horse Stable
	(Name of Limited Liability Company)
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
	Please return all correspondence concerning this matter to the following:
	Lawrence A. Cattell
	(Name of Person)
	Trojan Horse Stable
	(Firm/Company)
441	NW 113th Avenue
	(Address)
	Coral Springs, Florida 33071
	(City/State and Zip Code)
For further i	information concerning this matter, please call:
Lawrence	
	(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

1 4

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 2, 2004

LAWRENCE A. CATTELL TROJAN HORSE STABLE 441 NW 113TH AVENUE CORAL SPRINGS, FL 33071

SUBJECT: TROJAN HORSE STABLE

Ref. Number: W04000021323

We have received your document for TROJAN HORSE STABLE and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

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) 245-6043.

CLEASE FIND ENCLOSED THE UPDATED DOLUME

Joey Bryan **Document Specialist**

Letter Number: 704A00037964

DOCUMENTATION

LANDONCE A. CATTOR

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Trojan Horse Stab	e, LLO	
ARTICLE II - A The mailing addr		principal office of the Limited Liability Company is
Principal Office		Mailing Address:
441 NW 113th Ave	nue	441 NW 113th Avenue
Coral Springs		Coral Springs
Florida 33071	- · ·	Florida 33071
ARTICLE III -	E Florida street address of the	
ARTICLE III -	e Florida street address of the	e registered agent are:
ARTICLE III -	E Florida street address of the	e registered agent are:
ARTICLE III -	E Florida street address of the Lawrence A. Cattell Na 441 NW 113th Avenue	e registered agent are:
ARTICLE III -	Lawrence A. Cattell Na 441 NW 113th Avenue Florida street address Coral Springs	ne registered agent are: P.O. Box NOT acceptable) FLORIDA 33071
ARTICLE III -	Lawrence A. Cattell Na 441 NW 113th Avenue Florida street address Coral Springs	me P.O. Box NOT acceptable)
ARTICLE III - The name and the	Lawrence A. Cattell Na 441 NW 113th Avenue Florida street address Coral Springs City, Sta	ne registered agent are: P.O. Box NOT acceptable) FLORIDA 33071
ARTICLE III - The name and the The name and the second	Lawrence A. Cattell Na 441 NW 113th Avenue Florida street address Coral Springs City, Sta	P.O. Box NOT acceptable) FLORIDA 33071 The, and Zip Service of process for the above stated limited liability accept the appointment as registered agent and
ARTICLE III - The name and the The name and the been named as regny at the place design act in this capacity	Lawrence A. Cattell Na 441 NW 113th Avenue Florida street address Coral Springs City, Statestered agent and to accept agented in this certificate, I have I further agree to comply	P.O. Box NOT acceptable) FLORIDA 33071 The, and Zip Service of process for the above stated limited liability

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member **MGRM** Lawrence A. Cattell 441 NW 113th Avenue Coral Springs, Florida 33071 (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.) 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)