# L04000052583

(R	equestors	Name)	
(A	ddress)		
(A	ddress)		<u></u>
	1.10-1-1	in (D) u = 46	
(C	ity/State/2	ip/Phone #	)
PICK-UP	□ v	VAIT	MAIL
(B	usin <b>ess</b> E	ntity Name)	<u></u>
(D	ocument l	Number)	
Certified Copies	Ce	ertificates of	Status
Special Instructions to	Filing Of	ficer:	
Name Availability			
Document Examiner	ĔĢU.		
Updater	LC.		
Lippater Visitiyer	DCC	Use Only	
Acknowledgement	DCC.		
W. P. Verifyer	DCC		



000038320940

07/12/04--01065--001 \*\*125.00

ZOON JUL 12 P 4: 11
SECRETARY OF STA

### CUMMINS & NAILOS, P.A.

ATTORNEYS AT LAW

Reply to Clermont 450 E. Hwy, 50, Suite 7

P.O. Box 491656 Leesburg, Florida 34749-1656 Phorie: (352) 787-5411

Fax: (352) 365-1917

1009 N. 14th Street

Norman C. Cummins Heath B. Nailos Kristin Cummins Nailos Jeanie M. Dolby

Clermont, Florida 34711 Phone: (352) 394-8550 Fax: (352) 394-8216

<del>=</del>

July 7, 2004

Division of Corporations Department of State Post Office Box 6327 Tallahassee, FL 32314

RE:

**Articles of Organization** 

Show 2 Win Farm & Tack, LLC

Dear Sir or Ma'am:

Enclosed please find the original and one copy of the Articles of Incorporation for the above-named limited liability company. Please file the original Articles and forward the copy to me. Enclosed is my firm's check in the sum of \$125.00 to cover the filing costs for the above limited liability company.

Please do not hesitate to contact me if you have any questions.

Yours very truly,

Kristin Cummins Nailos

Attorney at Law

#### ARTICLES OF ORGANIZATION

**OF** 

#### SHOW 2 WIN FARM & TACK, LLC

#### ARTICLES OF ORGANIZATION

The undersigned, being a duly authorized member, desiring to form a limited liability company under the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, does hereby adopt the following Articles of Organization:

#### ARTICLE I: NAME

The name of the limited liability company is SHOW 2 WIN FARM & TACK, LLC, (the "Company").  $\Rightarrow_{\wp}$ 

#### ARTICLE II: ADDRESS

The Company's mailing address and street address of the principal office of the Company is 22923 Robbins Road, Astatula, Florida 34705.

#### ARTICLE III: DURATION

Œ

The period of the Company's duration shall be perpetual, unless terminated in accordance with the Company's regulations.

#### ARTICLE IV: PURPOSE

The purpose for which the Company is being formed is to engage in any activity or business permitted under the laws of the United States and the State of Florida.

#### ARTICLE V: REGISTERED OFFICE AND AGENT

The Company designates 22923 Robbins Road, Astatula, Florida 34705, as the street address of the initial registered office of the Company and names **DAVID ALLEN JILES**, the Company's initial registered agent at that address to accept service of process within this state.

#### ARTICLE VI: ADDITIONAL MEMBERS

Additional Members may be admitted upon the approval of all of the Members of the Company.

#### ARTICLE VII: MEMBERS RIGHT TO CONTINUE BUSINESS

The right, if given, of the remaining members of the Company to continue business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event that terminates the continued membership of a member in the Company will be provided in the Regulations of the Company.

#### ARTICLE VIII: MANAGEMENT

The management of this Company is reserved to the members and is, therefore a member-managed company. The initial member-manager is **DAVID ALLEN JILES**, 22923 Robbins Road, Astatula, Florida 34711.

#### ARTICLE IX: REGULATIONS

The power to adopt, alter, amend, or repeal the Regulations of the Company will be vested in the Members of the Company.

Dated this 7 day of May, 2004

DAVID ALLENJILES

Member-Manager

STATE OF FLORIDA COUNTY OF LAKE

The foregoing instrument was acknowledged before me this \_\_\_day of May, 2004, by David Allen Jiles, and who:

( ) is personally known to me.

produced Florida driver's license(s) as identification.

( ) produced \_\_\_\_\_ as identification.



Notary Public

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is SHOW 2 WIN FARM & TACK,LLC.
- 2. The name and address of the registered agent and office is David Allen Jiles, 22923 Robbins Road, Astatula, Florida 34705.

Dated this \_\_\_\_ day of May, 2004.

David Allen Jiles, Member-Manager

Having been named as Registered Agent to accept service of process for the above referenced limited liability company, at the place designated in this certificate, I hereby agree to the appointment as Registered Agent and agree to act in that 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.

David Allen Jiles,

Registered Agent

Date