

L040000 61122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

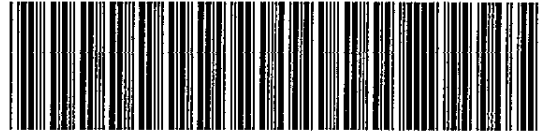
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400040159504

08/17/04--01049--008 \*\*125.00

STATE OF CALIFORNIA  
DIVISION OF REVENUE  
04 AUG 17 PM 2:06

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Flying Horseman Ranch, 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:

Mary Jennings

(Name of Person)

The Flying Horseman Ranch, LLC

(Firm/Company)

824 E. University Avenue

(Address)

Gainesville, FL 32601

(City/State and Zip Code)

For further information concerning this matter, please call:

Mary Jennings

(Name of Person)

at (

352

) 376-0006

(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

04 AUG 17 PM 2:06

FILED  
SECRETARY OF  
DIVISION OF CORPORATIONS

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

The Flying Horseman Ranch, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

824 E. University Avenue

Gainesville, FL 32601

**Mailing Address:**

P.O. Box 1246

Gainesville, FL 32602

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

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

Mary Jennings

Name

824 E. University Avenue

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

Gainesville FLORIDA 32601

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, Florida Statutes..*

Mary Jennings  
Registered Agent's Signature

DIVISION OF CORPORATIONS  
04 JUN 27 PM 2:06

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

"MGRM" = Managing Member

Eilon Krugman-Kadi  
824 E. University Avenue  
Gainesville, FL 32601

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

(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.)

Eilon Krugman-Kadi

Typed or printed name of signee

04 AUG 17 PM 2:06

SECRETARY OF DEFENSE  
DIVISION OF COMPTROLLER

**Filing Fees:**

**\$ 5.00 Certificate of Status (Optional)**