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(Re	questor's Name)			
(Address)				
(Ad	dress)			
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PICK-UP	WAIT	MAIL		
(Bu	siness Entity Na	me)		
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<u></u>	cument Number			
٥٠)	cument Number,	•		
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Special Instructions to	Filing Officer:			
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Office Use Only

## TRANSMITTAL LETTER

	gistration Se vision of Con			
SUBJECT:	Tranquilli	ty Dressage, LLC	d Liability Company)	
		(Traine of Diffice	a Diability Company)	
The enclosed	1 Articles of	f Organization and fee(s) are so	ubmitted for filing.	
Please return	ali corresp	ondence concerning this matte	r to the following:	
	Tracey V	Vinter		
		(1)	Name of Person)	
Tranquillit	y Dressage			
		()	Firm/Company)	
10	0232 Clubi	nouse Turn Road		
			(Address)	
	Lake	Worth, FL 33467-5454	State and Zip Code)	
		(City/	State and Zip Code)	
For further in	nformation o	concerning this matter, please	call:	
Tracey Win	ter		at ( 954 ) 614-5961	
	(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is	a check fo	r the following amount:		
Ø \$125.00 F	Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$160,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	Regist Division 409 E.	ET ADDRESS: ration Section on of Corporations Gaines Street assee, Florida 32399	MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7

## A

RTICLES OF ORGANIZATION FOR	FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company	<sup>,</sup> is:
Tranquillity Dressage, LLC	
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10232 Clubhouse Turn Road	10232 Clubhouse Turn Road
Lake Worth, FL 33467-5454	Lake Worth, FL 33467-5454
The name and the Florida street address of t	he registered agent are:
10232 Clubhouse Turn Ro	pad
Florida stree	t address (P.O. Box NOT acceptable)
Lake Worth, 33467-5454	FI.
City, Sta	ate, and Zip
liability company at the place designated registered agent and agree to act in this cape statutes relating to the proper and complet accept the obligations of my position as the complete statutes.	I to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and tregistered agent as provided for in Chapter 608, F.S

(CONTINUED)

Page 1 of 2

## 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	Tracey Winter			
·-	10232 Clubhouse Turn Road			
	Lake Worth, FL 33467-5454			
	Art said decrease and the			
(Use attachment if necessary)				
NOTE: An additional article must be	e added if an effective date is requested.			
REQUIRED SIGNATURE:				
	•			
***************************************				
Ciana du una afia anno ambana a	Since the same of			
Signature of a member of	Signature of a member or an authorized representative of a member.			
of this document constitut	(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.)			
Tracey Winter				
	d or printed name of signee			

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)