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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

DIVISION OF CORPORATION

2005 MAR 24 AM 9:40 RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA 05 MAR 24 PM 3:56

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**LIMITED LIABILITY COMPANY**

**the horses investments llc**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

THE HORSES INVESTMENTS LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

1401 BRICKELL AVE.

1401 BRICKELL AVE.

SUITE 1010

SUITE 1010

MIAMI, FLORIDA 33131

MIAMI, FLORIDA 33131

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

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

CAROLINA FORERO

Name

1401 BRICKELL AVE. SUITE 1010

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

MIAMI, FLORIDA 33131

FL

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, F.S.*

Carolina Forero

Registered Agent's Signature

(CONTINUED)

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**ARTICLE IV- Manager(s) or Managing Member(s):**

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

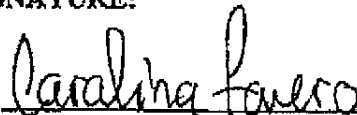
**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**MGRMCAROLINA FORERO1401 BRICKELL AVE. SUITE 1010MIAMI, FLORIDA 33131MGRMMARIA ANGELICA FORERO1401 BRICKELL AVE. SUITE 1010MIAMI, FLORIDA 33131MGRMHERNANDO FORERO LUGO1401 BRICKELL AVE. SUITE 1010MIAMI, FLORIDA 33131

(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.)

CAROLINA FORERO

Typed or printed name of signer

**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)

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TALLAHASSEE, FLORIDA

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