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	<u> </u>	
(Re	equestor's Name)	
(Ac	ldress)	
. (Ac	(dress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ie)
(Do	cument Number)	
ertified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY SACTOR

2605 HAR 30 FM 12: (

TRANSMITTAL LETTER

Please return all corresp	ondence concerning this matte	r to the following:	
		other Bristol Name of Person)	
		ora Stables LLC Firm/Company)	
<u> </u>	574 Ha	ardwood Place	NTLA NTLA SECE
		(Address)	SECRETARY COLLAND SECRETARY COLLAND SEE, FO. CRID.
		Mary, Florida, 32746 State and Zip Code)	
For further information	concerning this matter, please		्राप्त ।
Heather Bristol (Name	of Person)	at (407 925-4417 (Area Code & Daytime To	elephone Number)
Enclosed is a check for	or the following amount:		
☐ \$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section		MAILING A Registration S	

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Cor	mpany is:	
Meliora Stables LLC		
		
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited Liab	oility Company is:
Principal Office Address:	Mailing Address:	
574 Hardwood Place	574 Hardwood Place	
Lake Mary, Florida	Lake Mary, Florida	
32746	32746	
The name and the Florida street addre	eather Bristol	200 317 701
He	eather Bristol	72 23 24 25 25 25 25 25 25 25 25 25 25 25 25 25
	Name	CR A
57	4 Hardwood Place	AR HAS
Flori	da street address (P.O. Box NOT acceptable)	56 € 30 F
Lak	se Mary _{FL} 32746	
	City, State, and Zip	SECRETARY CONSTRAINANT CONSTRAI
		····
liability company at the place designed registered agent and agree to act in the statutes relating to the proper and co	ent and to accept service of process for the a gnated in this certificate, I hereby accept the his capacity. I further agree to comply with to complete performance of my duties, and I am ion as registered agent as provided for in Ch	e appointment as the provisions of all familiar with and

(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:

<u> Title:</u>	Name and Address:		
"MGR" = Manager			
"MGRM" = Managing Member			
MGR	Heather Bristol	_	
	574 Hardwood Place		
	Lake Mary, Florida, 32746	_	•
		•	
		_	•
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·		2005 MAR	-
		- ₹	B
(Use attachment if necessary)	SSE	30	3
NOTE: An additional article mu	st be added if an effective date is requested.	PM 12: 05	
		<u>12</u>	المسيحة
REQUIRED SIGNATURE:	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	05	
Heather)	Brial ber 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.)

Heather Bristal
Typed 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)