

L05000055075

(Requestor's Name)

— *Joseph A. Murphy, III, Esquire* —
Attorney & Counselor
516 Camden Avenue
— *Stuart, FL 34994* —

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

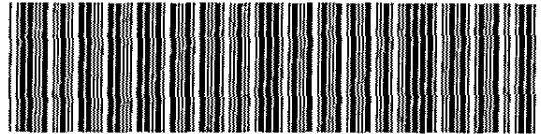
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200055178992

05/26/05--01029--018 **125.00

LC 06/03/05

FILED
05 MAY 26 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5p

Joseph A. Murphy, III

Attorney & Counselor
516 Camden Avenue
Stuart, Florida 34994

(772) 223-8600
Fax (772) 283-2419

May 24, 2005

Florida Department of State
Registration Section
PO Box 6327
Tallahassee, FL 32314

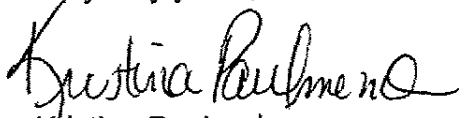
**Re: Articles of Organization
Tina M. Konyot Dressage Training, L.L.C.**

Dear Sir/Ms:

Please find enclosed the original and one (1) copy of the Articles of Organization for Tina M. Konyot Dressage Training, L.L.C. We have also enclosed the filing fee of \$125.00.

After filing please return a conformed copy to our office. Thank you in advance for your consideration in this matter.

Very truly yours,



Kristina Paulmeño
Legal Assistant to
Joseph A. Murphy, III

/kp
Enclosure (3)

FILED
MAY 26 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR
TINA M. KONYOT DRESSAGE TRAINING, L.L.C.**

ARTICLE I – NAME:

The name of the Limited Liability Company is: **TINA M. KONYOT DRESSAGE TRAINING, L.L.C.**

ARTICLE II – Address:

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

3484 S.W. Boatramp Avenue, Palm City, Florida 34990

ARTICLE III - Duration:

The period of duration for the Limited Liability Company is perpetual.

ARTICLE IV – Management:

The Limited Liability Company is to be managed by one or more manager and the name(s) and address(es) of the managing member(s) is:

Tina M. Konyot
3484 S.W. Boatramp Avenue
Palm City, FL 34990

And the limited liability company is a manager-managed company.

ARTICLE V – Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be: determined by the unanimous vote of the managing members.

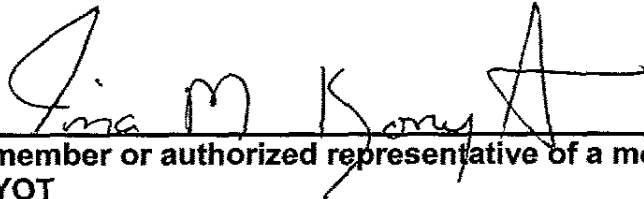
FILED
05 MAY 26 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI – Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership in the limited liability company shall be: in absolute discretion of the remaining member(s).

ARTICLE VII - Nature of Business

The business purpose of this Limited Liability Company is training horses and training riders.



Signature of member or authorized representative of a member.
TINA M. KONYOT

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

FILED
05 MAY 26 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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 SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: TINA M. KONYOT
DRESSAGE TRAINING, L.L.C. and its address is 3484 S.W. Boatramp
Avenue, Palm City, Florida 34990.

2. The name and address of the registered agent and office is:

**TINA M. KONYOT
3484 S.W. Boatramp Avenue
Palm City, Florida 34990**

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.


(SIGNATURE)

5/19/05
(DATE)

Filing Fee: \$25.00 for Designation of Registered Agent

05 MAY 26 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED