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| (1) | Requestor's | Name) | <u> </u> | |
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| PICK-UP | □w | AIT | MAIL MAIL | |
| (Business Entity Name) | | | | |
| (1 | Document N | umber) | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions | to Filing Offi | cer: | | |
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| Document Examiner | D Office | Use Only | | |
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TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations | | | | |
|--|---------------------------------|---|--|--|
| SUBJECT: Horsemen Enterprises LLC (Name of Limited | Liability Company) | | | |
| (1.1110 01.23 | - | | | |
| The enclosed Articles of Organization and fee(s) are su | bmitted for filing. | | | |
| Please return all correspondence concerning this matter | r to the following: | | | |
| Shane M. Voutsinas | | ···· | | |
| () | lame of Person) | | | |
| | | | | |
| Horsemen Enterprises LLC | Firm/Company) | | | |
| ti. | Into-Company) | | | |
| 1569 S. Jefferson Ave. | | To B | | |
| | (Address) | CR CR | | |
| | | MASSE | | |
| Clearwater , FL 33756 | | | | |
| (City/l | State and Zip Code) | A S | | |
| (City/State and Zip Code) (City/State and Zip Code) For further information concerning this matter, please call: | | | | |
| Shane M Voutsinas | at (727) 647-8485 | | | |
| (Name of Person) | (Area Code & Daytime Te | lephone Number) | | |
| Enclosed is a check for the following amount: | | | | |
| ☐ \$125.00 Filing Fee Ø \$130.00 Filing Fee & | ☐ \$155.00 Filing Fee & | ☐ \$160.00 Filing Fee, | | |
| Certificate of Status | Certified Copy | Certificate of Status & | | |
| | (additional copy is enclosed) | Certified Copy (additional copy is enclosed) | | |
| STREET ADDRESS: | MAILING AI | ODRESS: | | |
| Registration Section | Registration Section | | | |
| Division of Corporations 409 E. Gaines Street | Division of Co P.O. Box 6327 | | | |
| Tallahassee, Florida 32399 | Tallahassee, F | | | |

ARTICLES OF ORGANIZATION FOR A LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Horsemen Enterprises LLC

ARTICLE II - Purpose:

The purpose for which this limited liability company is organized is: To engage in any and all lawful acts for which an L.L.C. may be formed

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be: Perpetual

ARTICLE IV - Registered (or Statutory) Agent and Address: The name and address of the initial registered (statutory) agent is: Shane M. Voutsinas, 1569 S. Jefferson Ave. Clearwater, Florida 33756 ARTICLE V - Management:

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) o such manager(s) who is/are to serve as manager(s) is/are:

(Check the appropriate box and complete the statement)

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the man aging members is/are:

Shane M. Voutsinas, 1569 S. Jefferson Ave. Clearwater, Florida 33756 Dismas A. Andriuli, 1528 Allenton Ave. Brandon, Florida 33511

ARTICLE VI - Principal Place of Business

The initial principal place of business of the limited liability company is: 10629 117th Drive North Largo, Florida 33773

ARTICLE VII - Effective Date

| The effective date of these articles is 🖾 upon filing | g 🖵 on | |
|---|--|--|
| ARTICI | LE VIII - Nonliability | |
| The members and managers, if any, shall not be list ity company. | able for any debts, obligations, or | liabilities of the limited liabil- |
| ARTICL New members can be admitted to the company with ful members. | .E IX - Miscellaneous Il rights of membership upon unanim | ous consent of the existing |
| IN WITNESS WHEREOF the undersigned memberships, 2005 | ers executed these Articles of Org | ganization this 08 day of |
| | Member: Shahe M. Voutsinas 1569 S. Jefferson Ave. Clear | Address: |
| | Member: Dismas A. Andriuli 1528 Allenton Ave. Brandon [signature] | Address: , FI 33511 |
| | Member: | Address: |
| | [signature] | |
| Acceptance of r Having been named as registered agent and to acce pany at the place designated in this certificate, I her | Member: registered (statutory) agent rept service of process for the above reby accept the appointment as res | Address: e stated limited liability com- |

in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete per-

formance of my duties, and am familiar with and accept the obligations of my position as registered agent.