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2005 SEP 15 P 3:23

SECRETARY OF STATE

(Requestor's Name) TALLAHASSEE, FLORIDA



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(City/State/Zip/Phone #)

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TRANSMITTAL LETTER

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TO: Registration Section
Division of Corporations

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SUBJECT: Horseshoe Stables, LLC
(Name of Limited Liability Company)

SEC. 12, ART. 10, STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elisa Alfonso
(Name of Person)

Horseshoe Stables, LLC
(Firm/Company)

9759 Berry Dease Road
(Address)

Orlando, FL 32825
(City/State and Zip Code)

For further information concerning this matter, please call:

Elisa Alfonso
(Name of Person)

at (407) 766-0200
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 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)

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

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRET
TALLAHASSEE, FLORIDA

Horseshoe Stables, 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:

9759 Berry Dease Rd.
Orlando, FL 32825

9759 Berry Dease Rd.
Orlando, FL 32825

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

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

Elisa Alfonso
Name

9750 Berry Dease Rd
Florida street address (P.O. Box **NOT** acceptable)
Orlando FL 32825
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..

Elisa Alfonso
Registered Agent's Signature

(CONTINUED)

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:

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MGR

Elisa Alfonso
9750 Betty Dease Rd
Orlando, FL 32825

STATE
ALL IN 100% FLORIDA

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Elisa Alfonso
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.)

Elisa Alfonso
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)