## 10500122/100

(Requestor's Name)
(Address)
(Address)
(City (Chata Tin Ohana 40
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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SECRETARY OF SIATE DIVISION OF CORPORATION



## **COVER LETTER**

٠	TO: Registration Section Division of Corporations				
	SUBJECT: James Malcolm Horsemanship LLC				
	(Name of Limited Liability Company)				
	The enclosed Articles of Organization and fee(s) are submitted for filing.				
	Please return all correspondence concerning this matter to the following:				
	James Malcolm	7 i 4			
	(Name of Person)				
	James Malcolm Horsemanship LLC				
	(Firm/Company)				
	15215 Searobbin Drive				
(Address)					
	Bradenton, FL 34202	SEIVIG			
(City/State and Zip Code)					
	(City/State and Zip Code)  Code  Cod	HILLEL ARY OF CORE			
	James Malcolm at (352 598-0586 (Area Code & Daytime Telephone Number)	5 141 108 AT			
	(Name of Person) (Area Code & Daytime Telephone Number)	Ē,			
	Enclosed is a check for the following amount:				
[	\$125.00 Filing Fee \$\sum \text{\$130.00 Filing Fee & Certificate of Status}\$  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)				
	Mailing Address  Registration Section  Division of Corporations  Street/Courier Address  Registration Section  Division of Corporations				

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
James Malcolm Horsemanship LLC (Must end with the words "Limited Liability Company, "Limited Liability Company," Limited Liability Company, "Limited Liability Company, "Limited Liability Company," Limited Liability Company, "Limited Liability Company," Liability Company, "Liability Company, "Liability Company, "Liability Company, "Liability Company, "Liability Com	ed Company" or their abbreviation "LLC," or "L.C.,")	-	
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Cor	npany is:	
Principal Office Address:	Mailing Address:		
James Malcolm Horsemanship LLC  1401 Manatee Avenue W, Ste 510  Bradenton, FL 34205  ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registered Agent)	James Malcolm Horsemanship LLC  15215 Searobbin Drive Bradenton, FL 34202  stered Office, & Registered Agent's Signature: Registered Agent, You must designate an individual or another		
business entity with an active Florida registration.)  The name and the Florida street address of the r  James Malcolm	registered agent are:	DIVISION OF C	
Name		ARY CO	
1401 Manatee Avenue \ Florida street add	W, Ste 510 dress (P.O. Box NOT acceptable)	OF CORPORATION C 22 PM 4:	
Bradenton, City, State, a	FL 34205	<b>1</b> 10 11 11 11 11 11 11 11 11 11 11 11 11	
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regions.	this certificate, I hereby accept the appointny. I further agree to comply with the provis. Orformance of my duties, and I am familiar v	nent as ions of all with and	

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)



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

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

Title:		Name and Address:	
"MGR" = Manage "MGRM" = Mana			
MGRM		James Malcolm	
		15215 Searobbin Drive	
		Bradenton, FL 34202	_
	_		
			<del>-</del> -
	_		_
			<u> </u>
			<del>-</del>
(Use attachment is	f necessary)		
LEV: Effective d	late if other than the c	late of filing: January 1, 2006 .(OPTI	ON A I
effective date is list	ed, the date must be	specific and cannot be more than five business	
0 days after the da	te of filing.)		
REQUIRED SIG	NATURE:		ገ∃ብ የነበን
			חבר 22
	Signature of a member	or an authorized representative of a member.	
	(In accordance with sect	ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury	PH 4:

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)

Typed or printed name of signee