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(Requestor's Name)  (Address)	PRY OF STATE SSEE, FLORIDA 100 100 100 100 100 100 100 100 100 10
(Address)	00007.0007.000
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)	06/26/0601037019 **155.00
(Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	FILED  1006 JUN 26 P 3 38  SECRETARY OF STATE TALLAHASSEE. FLORIDA
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# **COVER LETTER**

COVER LETTER	
TO: Registration Section Division of Corporations	D
TO: Registration Section Division of Corporations  SUBJECT: CLODFELTER EQUESTRIAN STABLE LL 26 P  (Name of Limited Liability Company)  TALLAHASSEE, FLO	3: 38 FATE PRIDA
The enclosed Articles of Organization and fee(s) are submitted for filing.	20
Please return all correspondence concerning this matter to the following:	
WILLIAM WINSTON CLODFELTER (Name of Person)	
CLODFELTER EQUESTIPIAN STABLE, LLC (Firm/Company)	
7596 SETH RAYNOR PLACE (Address)	
SARASOTA, FL 34240 (City/State and Zip Code)	
For further information concerning this matter, please call:	
WINSTON CLODFELTER at (941) 378-1672  (Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}	
Mailing Address Registration Section Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

**Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# FILED

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY 18

**ARTICLE 1 - Name:** 

SECRETARY OF STATE; TALLAHASSEE, FLORIDA

The name of the Limited Liability Company is:

CLODFELTER EQUESTRIAN STABLE, LLC
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

#### **ARTICLE II - Address:**

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

Principal Office Address:	Mailing Address:
1124 LISTLER ROAD APOPKA, FL 32712	M596 SETH RAYNOR PLACE SARASOTA, FL 34240
	_

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own 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 registered agent are:

WILLIAM WINSTON CLODFELTER

Name

7596 SETH RAYNOR PLACE

Florida street address (P.O. Box NOT acceptable)

SARA SOTA FL 34240

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.

William Winston Cloyfelte
Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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

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

	2006 JUN 26 🗁
	SECRETARY OF TALLAHASSEF, F
WILLIAM WINSTON	CLODFELTER, JA
1124 USTLER RO	<u> </u>
•	
7596 SETH RAYNOR	PLACE
	7.040
date of filing:	. (OPTIONAL)
	WILLIAM WINSTON  1124 USTLER RO  APOPKA, FL 327  WILLIAM WINSTON  7596 SETH RAYNOR  SARASOTA, FL 3  date of filing:  especific and cannot be more than

### **REQUIRED SIGNATURE:**

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.)

WILLIAM WINSTON CLUDFELTER
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)